UNFADING INK. Supply every item of information carefully. The correct age ant. Physicians: please write the causes of death clearly and legibly.

# WITH UNE

# especially i PLAINLY, is especially PLEASE WRITE SA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03841

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County of reduce R	92 1
(If outside city or town limits, write RURAL and give nearest town)	State County Description
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Emergency Hospital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Henry Howard ask	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or discreed	MEDICAL CERTIFICATION
male white wedowed	20. DATE OF DEATH April 5 1948 21 5 A M
a (b) Married by wheel or mile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	January 1 1946 10 April 5 1948
7. Birth date of	and that I last saw his for alive on April 4 18 48
deceased (mo., day, yr.) March 27, 1866	Immediate cause of death DURATION
8. AGE: Years   Months   Days   It less than one day	Orobral Thrombosis zweeks
82 0 6min.	
9. Birthplace. Middle Town : Rederick C. Ind. (Town, county, and state)	Due to
10. Usual occupation farmer	Due 10
11. Industry or business	
12. Name Lewis ahalt	Other conditions
12. Name Lewis Chalt  13. Birthplace Middletown Ind.	
# 14. Majden name Margaret Blook	(Include pregnancy within 3 months of death)
	Major findings of operations
15. Birthplace Middletown Ind	Date of op.
16. Informant Earl ahalt	Anlopsy results
Address Ilak Pa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. J 01 al. 16 1948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, White)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
L. the Cometan	Whers did Injury occur? (City or town) (County) (State)
Cemetery or oremetery	
Location Middle Lowing Tad.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Gladhill C	Msens of Injury Injured at work?
Address Middletown Ind.	Remard Hymna b. M. O.
CO. A. T. L. L.	23. SIGNATURE M.D. or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Frederick Md - Date signed 4/5/48

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APR 9 1948

BUREAU V. S.

PLEASE WRITE

VS A15

1. PLACE OF DEATH: .

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

13/0

2. USUAL RESIDENCE (HOME) OF DECEASED:

03842

#### CERTIFICATE OF DEATH

Reg. Dist. No. 14/

County	State Mary land County Frederick
City or town	
How long in above place of death? 50 yrs.	City or town
Hospital, institution, or street address where death occurred:	Street No. 117 E. Potomac St.
117 E. Patamae ST.	(If rurai, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Walter Ulitton	HM Drose
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Married Married	20. DATE DF DEATH While 28 1948 at 1:35-P
6.(b) Name of house wife Alinda S. Bateman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
ET	Sapt 1948, 10 april 281948
7. Birth date of	and that I last saw h. s. Co. alive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediair cause of death OURATION
53 4 20 hrs. min.	neparetto could by
8	
9. Birthpiace. Drunswich fred Lo. Md.	Due to
10. Usual occupation. Barber	
11. Industry or business	Due to
12. Name George W. Ambrose	Dither conditions
13. Birthplace Berkley Springs, W. Va.	
# 14. Maiden name Eliza, C. Hope	(Include pregnancy within 8 months of death)
	Major findings of operations.
\$ 15. Birthplace Derkley Springs, W.Va.	Date of op.
16. Informant Was Company	Antopsy results
Address 117 E. Potomac St., Drumowick la	
17 Burial Date thereof May 1948	22. ViOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, caration, or removal. Which?) (month) (day) (year)	
Legierry of Greene Dry	Where did injury occur?
Location Drunswick Maryland	injured at home, farm, industry, public place (where?)
18. Funeral director Xeosa S. Daubur	Means of Injury Injured at work?
Address 3 20 W Patomae St. Brushowick	MY SHA
1/ 00 1/50 M mg	23. SIGNATURE
19. 4 Cugenia Bute (Date rec'd by registrar)	Address Brummoh, Ma Bate signed 4-29-18



2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Diat. No....

3. (b) Social Security Number 220-07-7971

/	_	
1	86	2.00
	343	+
1		4

	1.	PLACE	OF	DEATH:
--	----	-------	----	--------

Frederick

State Sana torium, Maryland
(If outside city or town limits, write KURAL and give nearest town)

How long in above place of death? Since 4/9/48

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 4/9/48

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

3511 Greenmount Ave.

(If rural, give LOCATION)

3. (a) FULL NAME

#### Frank Amend

B.(a)Single, married, widowed, or divorced

Mal e White Married

Mary Amend

7. Birth date of November 2.

deceased (mo., day, yr.) tf less than one day Years Months 8. AGE:

Germany

(Town, county, and state)

10. Usual occupation. Welder

11. Industry or bustness

Frantz Amend

13. Birthplace Germany

Anna ? 14. Maiden name...

15. Birthpiace Germany

16. Informant Mrs. Mary Amend (Wife)

3511 Greenmount Ave., Balto., Md.

(Date rec'd by registrar)

#### MEDICAL CERTIFICATION

2D. DATE DF DEATH. April 19 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

DURATION Immediate cause of death ...... Pulmonary Tuberculosis Mos.

(Include pregnancy within 3 months of death)

Major findings of operations.....

injured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

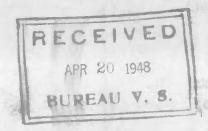
Accident, suicide, or homicide.....

Where did injury occur? .....(City or town)

injured at home, farm, industry, public place (where?) ...... Means of Injury

Address State Sanatorium, Md. Date signed

W /



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

03844

## CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County Frederick
How long in above place of death? IOhrs Hospital, institution, or sireet address where death occurred:	City or town (If outside city or town limits, write BURAL and give nearest town)  Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Worthington Roy An	3. (b) Social Security Number No
4. Sex Male 5. Color or race Married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATHApp.1.1
6.(b) Name of husband or wife Rheba L. Summers Ang  5.(c) If all ye, give age 61  7. Birth date of deceased (mo., day, yr.)	years and the last say h
8. AGE: Years   Months   Days   If less than one day   62   I   25  hrs.	Immediate cause of death Coronary Thrombosis 3 lus
9. Birthplace	Due to.
12. Name W.m. Angleberger  13. Birthplace Frederick Co. Md	Other conditions Chronic Endocardits ?  Chronic proposations ?  (Include pregnancy within months of death)
14. Malden name Anna Michael.  15. Birthplace Frederick Mo. MD	Major findings of operations.
16. Informant Worthington R Angleberger Address Graceham Md	Antopsy results. Who done PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal. Which?)  Date thereof Apr. 7th (month) (day) (year)	
Cemetery or crematory	
Location Frederick, MD, M, L, Creager & Son	
18. Funeral director Thurmont MD  Address MD	m 2- 10. Bill Oll)
19. Opil 1 1948 Blanchel & Cy (Dafe rec'd by registrar)	23. SIGNATURE M. D. or other Legistrar Address Lawrence M. D. are signed M. D. by 4.8



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

How long in above pla Hospital, Institution, 226 Eas	erick  rederick  froutside city or town life  ace of death?	Street		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland  Frederick  City or term (If outside city or town limits, write RURAL and give nearest town)  Street No. 226 East Church Street  (If rural, give LOCATION)  None  2.(a) It veteran, name war.
3. (a) FULL NA		MAY AUMEN		3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divor	rced	MEDICAL CERTIFICATION  20. DATE OF DEATH APRIL 9th, 18 48 at 5:40Am
	Tune S	ge E. Aumen  6.(c) If alive, give age	years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19 4 8  and that I last saw h C.Y alive on
8. AGE: Ye	Months 71 9	Days It less than one day	mln.	Immediate cause of death DURATION  Correspond Breast 2 years  with multiple metastases 6 ments
10. Usual occupatio	At Hon ness Wilton War	***************************************		Oue to.  Other conditions
14. Malden nar 15. Birthplace	Rebecca Lancastel	Groff Pennsylvania		(Include pregnancy within 8 months of death)  Major findings of operations
Address 226 17. Buris (Burial, comment	E. Churcal al Mount	ch St., Frederic 4/11/48 Hope Cemetery	ck, Md	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
Location	M. R.	ooro, Maryland Etchison and Scrick, Maryland	on	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE. Bernard Humash. M. D.
19 10 apri	l 1948	Elizabeth y. H	tech.	23. SIGNATURE DERWARD M. D. or other Frederick, Maryland Bate signed 4-10-48

APR 13 1948
BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

23. SIGNATURE

E OF DEATH	Reg. Diat. No. 134	•
2. USUAL RESIDENCE (HOME (For newborn infants give residence) State	e of mother)	
Streel No(If rural,	give LOCATION)	10000
2.(a) If veteran, name war		
	3. (b) Social Security Number	
MEDICAL	CERTIFICATION	
20. DATE OF DEATH OLD S	3 - 19 48 at 8 15	Zu
and that I last saw harm alive on of Immediate cause of death	e above stated; that I attended deceased from  18 # 5 to Africk 5 19 7  19 7  OURATIO  OURATIO  A A A A A A A A A A A A A A A A A A A	in
,,,	······································	
Oue 10		
Other conditions	,	
(Include pregnancy withi	n 8 months of death)	
Major findings of operations	Open of op.	
Autopsy results		
22. VIOLENCE: If death was due to externa	i causes, fill in the following;	
	Dale of	,,
Where did injury occur?(City or tox	wn) (County) (State)	
Injured at home, farm, industry, public place	e (where?) us wywy	
Means of injury	Injured at work?	

CERTIFICATI 1. PLACE OF DEATH: town limits, write RURAL and give nearest town) ADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 5. Color or race 7. Birth date of deceased (mo., day, yr.) Months If less than one day Days 8. AGE: 11. Industry or business WITH UNF 13. Birthplace PLAINLY, vis especially Address WRITE 18. Funeral director (H) AS Address PLE/



PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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. 1	di.	1	X

03847

## CERTIFICATE OF DEATH

Reg. Diat. No.

The state of the s	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Additional County	(For newhorn infants give residence of mother)
City or town	Stale County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Lee denich Mounoviel Horartal	Sireet No(If rural, give LOCATION)
Now look to be be the diffusion 3/2//48 4/27/48	2.(a) tf veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
miss may Stella Beatty	
4. Sex 5. Color r race 6.(a) Single, married, midemed, or directed	MEDICAL CERTIFICATION
Female White Single.	20. DATE DE DEATH
	21/ TERTIFY that death occurred on the date above stated; that I attended decaysed from
6.(b) Name of husband or wife	Jan 1 1948 10 april 27 19 40
7. Birth date of 7. Bir	and hat I last saw h . Qualive on Quel 26 1948
deceased (mo., day, yr.) Unknown \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
8. AGE: Years   Months   Days   It less than one day	Immedia cuse of death Our Hoal aucasos 4 mo
, 623 — —hrsmin.	
	E Melaclices Lever de
9. Birthplace	Due to
1	
10. Usual occupation	Due to
11. Industry or business	
E 12. Name	Other conditions
12. Name	
# Januar Foully Beatly	(Include pregnancy within 3 months of death)
14. Maiden name Turke	Major findings of operations.
≥ 15. Birthplace May Land.	Date of op
16. Informant R. Realty	Antapsy results
Address Resketterly many land.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1344 1644	22. VIOLENCE: tt death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
but all the Continu	Where did injury occur?
Cemetery or -cramatory	
Location Tuelluck man low	Injured at home, farm, Industry, public place (where?)
18. Funeral director. C.A. Fate + Bis.	Means of Injury injured at work?
n . 1 0 . 0	- 70. (1) no.
Address Access Man Control	23. SIGNATURE MULLEANE Chicago MA
19 28 april 1948 Elizabeth y. Hech.	My 10 do 18 Posto stora Che 197-4



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VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03848

#### CERTIFICATE OF DEATH

131 Reg. Dist. No.

1 PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:	
1. PLACE OF DEATH: COUNTY Frederick	(For newborn lufants give residence of mother)	
City or (If outside city or town limits, write RURAL and give nearest town)	stale Maryland county Frederick	*******
How long in above place of death?	City or its (If outside city or town limits, write RURAL and give nearest	town)
Hospital, Institution, or streel address where death occurred:	Street No. 105 College Avenue	
105 College Avenue	(If rurs), give LOCATION) NONO	
How long in hospital or institution?	2.(a) If veteran, name war	•••••
3. (a) FULL NAME	3. (b) Social Security Nun	aber
LEAH FRANCES BERGER	None	
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION	
F W M	20. DATE DE DEATH April 23, 1948 at.	3:05P
6.(b) Name of husband or wife Ernest Berger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
5.(c) If alive, give age 38	ears and that I last saw h. 22 alive on 2 2 3	19 48
7. Birth dale of deceased (mo., day, yr.) March 30, 1910	Immediate cause of deeth.	DURATION
8. AGE: Yeara Months Days If less than one day		
38. 0 23hrs	min. Multale 9 sterrie	Zyan.
8. Sirthplace Frederick County Maryland	Due to.	
(Town, county, and state)  At Home	Duloneray Thrombus	1 day
1D. Usual occupation	Due to	
11. Industry or business		
12. Name Leo Weinberg 13. 9irthplace ?	Dither conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name. LaRue Grumbine  15. Birthplace Frederick County Maryland	Major findings of operations	
Frederick County Maryland	Date of op.	
16. Informant Ernest Berger	Autopsy results	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address 105 College Ave., Frederick, Mc	PHYSICIAN: Please underline the cause to which death should be charged stati	istically.
Dunt - 7 /26/49	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, a removal, which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or exemptor: Hebrew Friendship Cemeter	Where did injury occur?	tate)
Baltimore, Maryland	Injured at home, farm, industry, public place (where?)	
19. Funeral director. M. R. Etchison and Son	Means of Injury Injured at work?	
	218 40	
Address Frederick, Maryland	23. SIGNATURE Ty Louisena Faluncy M.	D.
19. 24 april 1948 Elizabeth & Heck	Frederick Maryland	ther 1-24-48

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

Reg. Diat. No. 131

Fre	erick ederick			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Maryland Co	OF DECEASED: 'mother) Frederick		
City or twan			pital	City or lown Frederick  (If outside city or town limits, write RURAL and give nearest town Street No. 106 East Street  (If rural, give LOCATION)  None			
3. (a) FULL NAME  MARY ETTA BROWN				2.(a) If veteran, name war	3. (b) Social Security Number None		
4. Sex	5. Color or race		, married, widowed, or divorced		ertification  1st, 1948 21 6:05F		
6.(b) Name of husband or wife			) If allive, give ageyears	21. I CERTIFY that death occurred on the date ab	ove stated: that I altended deceased from 4 19 4 19 4		
8. AGE: Yes		Daye	If leee than one dayhrsmin.	Immediate cause of death	Pley DUBATION		
3. Diffiplace	Town Domes	eounty and a	Maryland	Due to Substance ne	lilin "		
11. Industry or businese  12. Name Hench Brown				Due to			
14. Malden name Unknown  15. Birthplace Unknown Unknown				(Include pregnancy within 3			
16. Informant George W. Gordon Addrese Frederick, Maryland			***************************************	Antopsy results			
Burial  (Burial, ecamation, or removal, which?)  Cemetery or erematory  Bate thereof 4/3/48  (month) (day) (year)  Cemetery or erematory  Fairview Cemetery			(month) (day) (year)	22. VIOLENCE: If death wae due to external ca Accident, euicide, or homicide	Date of		
Frederick, Maryland  M. R. Etchison and Son  18. Funeral director Frederick, Maryland  19. 3 Optil 19. 48 Chally Healt Registrar				Injured at home, farm, Industry, public place (i			
			laryland	23. SIGNATURE Andreee Frederick, Mary	yland Date signed 4-2-48		



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03850

#### CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE	E (HOME) OF	DECEASED:		
County				State Maryland County Frederick				
City or town (If outside city or town limits, write RURAL and give nearest town)			Frederick County					
How long in above place	of death?			City or tewn(If outside	e city or town limits	write RURAL and give nea	rest town)	
Hospital, Institution, or South	street address where	death occurred	f:	Street No. 30 Sou	th Court	Street		
30 Souti	1 Court 2	prieer			(If rural, give I None	LOCATION)		
How long in hospital o	r Institution?		······································	2.(a) If veteran, name war	None			
3. (a) FULL NAM	E					3. (b) Social Security	Number	
	MOLLIE	FELE	SA BROWN			None		
4. Sex	5. Color or race	6.(a)Sing	e, merried, widowed, or diverced		MEDICAL CE	RTIFICATION		
F	C		W	20. DATE OF DEATH	April	9th ,48	1:45P	
	Jes	sse Br	Own	24. I CEPTIEV that doubt and	d on the date abov	e stated; that I attended dece		
6.(b) Name of husband	or wife	30 DI	OWII	21. I CENTIFE THAT GEATH GET	mber 10 5	4) april	19 4	
			c) It alive, give ageyears	and that I last saw be	allya on (2)	mil 9	19 4	
7. Birth date of deceased (mo., day,	yr.) Unknow	m 18	90	Immediate cause of death.		-	DURATION	
8. AGE: Year		Days	If less than one day	Immediate cause of death.		1 -		
58				13 yper	lenger	andio	196	
Hvs	ttstown-	-Montg	omery-Maryland	fasce	elan 1	Justace		
9. Birihplace	(lown	, county, and	atate)	Due 10		**************************************		
tD. Usual occupation.	At Ho	ome						
11. Industry or busines				Due 10				
el Re	ymond Fi	lelds		B.1 10.1		,	***************************************	
12. Name	rederi cl	Coun	ty Maryland	Diher conditions			***************************************	
13. Birthplace	Honniet	te Dr	3.00	(Include p	regnancy within 3 m	onths of death)		
里 14. Malden name	Henriet	JUST II	100	Major findings of operation	18			
			ty Maryland					
16. Informant	Margie Br	rown		Autopsy results.				
Addres 30 S. Court St., Frederick, Md.				PHYSICIAN: Please under	line the cause to whi	ich death shoold be charged	statistically.	
7/10/40				22. VIOLENCE: It death w	as due to external caus	ses, till in the following:		
(Burial Correction	L.	Date the	(month) (day) (year)	Accident, suicide, or homici	de	Date of		
Cemetery or cremet	11 m 4 water	lew Ce	metery	Where did injury occur?	(City on town)	(County)	(State)	
	Frede		Maryland			ere?)		
Location			·····	Means of Injury	only han e hinee (au	Injured at work?		
18. Funeral director		***************************************	on and Son	missins of Injuly				
Address	Freder	ick, N	laryland	A	want	10. anh	M. D.	
100.	.0	G	D. MAT le 11 1	23. SIGNATURE		M. D.	or other	
18. 12 42	19 4 8		Maxwelly J. Tille	Frederi	ck, Mary	yland Date signed.	4-9-48	

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APR 13 1948 BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2 USUAL PESIDENCE (HOME) OF DECEASED.

03851

#### CERTIFICATE OF DEATH

1. PLACE O	F DEATH	H: i ck			2. USUAL RESIDENCE (HOME) OF DE	CEASED:
Pamai - Naikanciri Ia					State Maryland County	rederick
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Lifetime				URAL and give nearest town)	Otty or town Rural - Walkers: (If outside city or town limits, write	ville
How long in about	re prace of a tion, or stre	et address where	death occurred	•	Street No.	
***************************************					(If rural, give LOCA	ATION)
How long to hos	pital or ths	titution?		***************************************	2.(a) tt veteran, name warNone	
3. (a) FULL	NAME				3.	(b) Social Security Number
		ARLES ED				None
4. Sex		Color or race		married, widowed, or divorced	MEDICAL CERT	
Male		White	Lie	urried	2D. DATE DE DEATH OLA 26	19 4 8 at 1215A
6.(b) Name of	uoband or w	wife Myrt	le Klir	ne Brunner	21. I CERTIFY that death occurred on the date above sta	ted; that I attended deceased from
				) It ative, give age	s ·	10 0 11 ZG 19 XX
7. Birth date of deceased (mo		April		773	and that I last saw halive on	DURATION
8. AGE:	Years	Months	Days	It less than one day	Immediate cause of death	tra-
	70	0	9	hrs. min		
9. Rirtholace	Fre	derick C	ounty,	Maryland	Due to	
		Retired	county, and s	tate)		
				***************************************	Due to	
11. tndustry or ≃		nd T Pn	IIDDAY		16. le Jenous C	and moulas
				, Marylani	Other conditions	
-					(Include pregnancy within 8 month	s of death)
Sees .			rsiman		Major fiadiags of operations.	
≥ 15. Birthpla	ace	Germany				Date ot op
1986				nley	PHYStCIAN: Please underline the cause to which d	eath should be charged statistically.
		rsville,		end	22. VIOLENCE: It death was due to external causes, f	
17Bu	rial		Date there	(month) (day) (year)	Accident, suicide, or homicide	
17. Burial (Burial Counties of Pleasant Hill Gemetery)  Cemetery or coremator) Pleasant Hill Gemetery					Where did tajury occur?	
		Lonrovi			injured at home, tarm, industry, public place (where?)	
11	4				Means of Injury	Injured at work?
1B. Funeral dir				Son	() $Q$ $Q$	+
Address		Frederi	ck, Ma	ryland	23. SIGNATURE	susay
19. 280	ipril	19 W.K	13	rabeth y. Heck	1 chamiela	M. D. or other  M. D. or other  Date signed of 26, 49
(Date rec'	d b regist	rarj		Kegistra	Address	



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

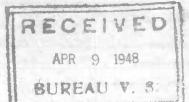
83 a

03852

CERTIFICATE OF DEATH

13 Reg. Dist. No. ....

1. PLACE OF DEATH:  County  City or twee (if outside city or town limits, write REFRAL and give nearest town)  How long in above place of death?  Hospital Patitution, or street address where death occurred:  The land of th	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME William J. CA,	3. (b) Social Security Number
1. Sex 5. Golor or race 6.(a) Single Matriced, widowed, or divorces  Male White Widowed  8.(b) Name of husband or wife Beether Chair	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended daceased from  19 45 19 45
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day   Months   Days   Months   Days   Months   Days   Months   Days   Months   Days   Months   Days   Months   Months	and that I lost saw h
10. Usual occupation.  11. Industry or business  12. Name	Due to
13. Birthplace Many Land.  14. Maiden name. Many Land.  15. Birthplace Many Land.  16. Intermant Many Land.	(Include pregnancy within 3 months of death)  Major fiadings of operations
Address  17. Aug. N.d.  17. (Burial, comation, or removal Whish?)  Cemetery of recompton, Man Shapel	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Signature Signa	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. Le Opril 1948 Et Solutte y Helle. Registrar	23. SIGNATURE Concert O. Koop not, M. D. for other Address Mew Market Md. Date signed 4-6-48



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diat. No. 3

1. PLACE OF DEATH:	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	siate Manyland county Montgoney		
City or town (If outside city or town limits, write RURAL and give nearest town)			
	comor town Saithershung		
How long in above place of death?	(If outside city or town limes, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No.		
trudence Menorial Hospital	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Edith Cinell			
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
fellone with single	20. DATE OF DEATH & pril 23 1948 21 8 P.		
	21. I CERTIEY that death occurred on the date above stated; that Lattended deceased from		
6.(b) Name of husband or wife	april 2/ 1948 to april 23 1948		
6.(c) If allve, give ageyea			
7. Birth date of	and that I last saw h M. alive on Cland 12.3. 19.40		
deceased (mo., day, yr.) Thay 24 1944	Immediate sause of death OURATION		
8. AGE: Years Months Days If less than one day	(1) 4		
3 10 29 hrs. mir			
5 1 0 1	- agricultural agr		
9. Birthplace Moutz, (Town, county, and state)	Oue to.		
(Town, county, and state)			
10. Usual occupation			
	Que to		
11. Industry or business			
12. Name allert J. Curl Jr.  13. Birthplace ml.	Other conditions Princh - Pullmone		
₹ 13. Birthplace . mx.	ascite		
	(Include pregnancy within 3 months of death)		
# 14. Maiden name & Language C. Schaupper	Major findings of operations.		
14. Maiden name Elizabeth C. Schaupper  15. Birthplace Md.			
113. Birinpiace	Date of op.		
16. Informant Elizaberth. Curel	Anlopsy results 14726		
4.7.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Raillershiry, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Bural Date thereof 4125/48			
(Burial, cremation, expensed Which?)  (Burial, cremation, expensed Which?)	Accident, suicide, or homicide		
Cemetery or cremetery Darnstown Cemetery	Where did Injury occur?		
Location Darrateur md.	Injured at home. Iarm, industry, public place (where?)		
NE V -	Means of Injury Injured at work?		
18. Funeral director. C. S. Darles	and and		
Address Fai Theralus ( Ma.	(1 (1 +1 /h/).		
AUUIESS AUTOMATICAL AND ALL AN	23. SIGNATURE		
a 24 Cravil ave Elisabeth J. Hech	M. D. or other		
(Data Roald by registrar)	at Address Tude was , had . Bate stoned 7/23/1/8		

## RECEIVED

APR 27 1948

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

s St., Baltimore

Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

None

131 Reg. Diat. No.

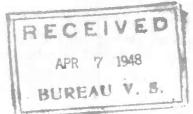
Frederick

(If outside city or town limits, write RURAL and give nearest town)

East Eighth Street Extd. (If rural, give LOCATION)

			CERTI	FICAT	E OF
How long in above pia Hospital, institution, East Ei	EATH: Drick rederick f outside city or town lin ce of death? or street address where d Lghth Stre or Institution?	eath occurred: et Ex	td.		2. USUAL (For ME State ME Street Ro
3. (a) FULL NAM	MARGAR	ET CO	RNELIA CL	ARK	
4. Sex	5. Color or race	6.(a)Single	ngarried, widowed, or tilvo	rced	2D, DATE DE
***************************************	od or wife		If alive, give age	years	21. I CERT
8. AGE: Yea	ars Months	Days 29	If less than one day	min.	Immediate
1D. Usual occupation  11. industry or busin  12. Name	At Home ess ohn Clark Ireland a Annie De	ounty, and s	ty Maryla	nd	Due to  Dither condi
AddressE.	St. Igns Urbana.	Date There	Frederick 4/7/48 (month) (day) Catholic	,Md.	Autopsy re PHYSICIA  22. VIOLE Accident, s  Physe did Injured at 1
18. Funeral director Address	M. B. Et	chisc k, Ma	n and Son	eck.	Means of in

RK		3. (b) Social Security I	Number
4		RTIFICATION 4th 1948	6:05P
years	21. I CERT Ynthat death occurred on the date about 2	e stated; that attended de la	sed from 19.4. 0URATION
min.	Due to.	ix am bo si	1000
	Due to	duni	
d	(Include pregnancy within 3 m		
Md.	PHYSICIAN: Please underline the cause to wh		
ear)	22. VIOLENCE: If death was due to external cau: Accident, suicide, or homicide	Date of	
	Injured at home, farm, industry, public place (wh Means of injury		
ek.	23. SIGNATURE Frederick, Vary		M. D. or other 4-6-48



2411 N. Charles St., Baltimore

03855

#### OF DEATH

131 Reg. Diat. No.

M. D. or other

Frederick

(If outside city or town limits, write RURAL and give nearest town)

6 Hillside Apartments

		CERTIFIC	CATE OF DEA	TH	Reg. Di
1. PLACE OF DEATH: County Frederick City or town. Frederick (If outside city or town How long in above place of death? Hospital, Institution, or street address where Frederick Memori How long in hospital or institution? Sin	death occurre	State Fr	ederick utside city or town limi illside Aj ([[frursi, giv	f mother) Fred punity ts, write RURAL	
3. (a) FULL NAME MERHL W	ARREN	CRUMMITT			3. (b) Social
4. Sex 5. Color or race W	6.(a)Sing	20. DATE DF DEATH	MEDICAL C		
0.0-41.1.4	6.(	(c) If alive, give age	april	My alive on OT	×3 10 6
10. Usual occupation Infant  11. Industry or business  12. Name Merhl M. C.  13. Birthplace Frederice	Crummi	tt nty Maryland	Due to	Tuck	i months of death)
14. Maiden name Carolyn 15. Birthplace Frederic 16. Informant Mrs. Carol	k Cou		rations		
Address 6 Hillside A  Burial  (Burial, oremation, or removal, Which  Cemetery or comments)  Frederi	Date the	Frederick,  4/17/48  (month) (day) (year)	PHYSICIAN: Please 1  22. VIOLENCE: It de: Accident, suicide, or h Where did injury occur	ath was due to external commicide	auses, till in the following [
Location M. R. I  18. Funeral director M. R. I  Address Frederi  19. 6 Optil 19. V. X.  Date recidly registrar.	Etchis Lck, M	Means of Injury  23. SIGNATURE	P'W	· Bar	

2.(a) It veteran, name war	Mana	LOCATION)	
		3. (b) Social Se None	curity Number
r	MEDICAL C	ERTIFICATIO	N
20. DATE DF DEATH	Apri	l 16th 19	48 , 8:05A
21. I CERTIFY that death occurred and that I last saw h. 4. 8.4.	15 19	48 10 OT)	ded deceased from 19.48
Immediate capse of death.  The  Bue to.		wy 740	DURATION
Due to			
(Include p	regnancy within 3	months of death)	
Major findings of operation	18		
		Date of c	)p
Antopsy resultsPHYSICIAN: Please under	line the canse to w	hich death should he	charged statistically.
22. VIOLENCE: It death w	as due to external ca	uses, till in the followin	g;
Accident, suicide, or homicio	le,	Date	of
Where did injury occur?	(City or town)	(County)	(State)
Injured at home, tarm, Indus	stry, public place (v	where?)	
Means of injury		Injured at we	ork?

FOR BINDING MARGIN RESERVED

SA

ASE WRITE

APR 19 1948
BUREAU V. S.



VS A15

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1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

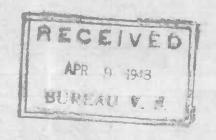
Reg. Diet. No ...

03856

8	3	W
40		

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Jewiller	(For newborn infents give residence of mother)
City or town (If outside city or town limits, write RFRAL and give neerest town)	State County County
How long In above place of dealh?	(If outside city or town limits, write RERAL and give neerest town)
Hospilal, Institution, or street address where death occurred:	Street No. Wolfzville
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war. Acceptance
3. (a) FULL NAME // .	3. (b) Social Security Number
Margaret Virginia	de Lawter none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION
Tenal White Wedowed	20, DATE DE DEATH Oprif 6 1948 at 6:00 FLM
6.(b) Name of husband or wife J. Roah De Lawter	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	Mar 30 1948 to apr 6 1948
7. Birth date of // / / / / / / / / / / / / / / / / /	and that I last saw here alive on A 5 1948
deceased (mo., day, yr.) fan 18, 1862	Immediate cause of death DURATION
8. AGE: Years Wonths Days If less than one day	A)
. 86 4 20 1/8hrsmin.	Cerebral Hemortage 6 days
9. Birthplace Wolfsville FredCo. mg	Due to
(Town, county, and etere)	
1D. Usual occupation.	Due to
11. Industry or business A orgestic	
12. Name Sky Shuff	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden pame Sarah Magnuder  15. Birtholace	
15. Birthplace	Major findings of operations
man O O Br. danhere	Dale of op.
16. Informant	Antopsy results
Address Myersnely, My. 17. 41	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removes blaich)  Date thereof (poonth) (day) (year)	Accident, suicide, or homicide
An in in the	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location to Chamile Mid.	Injured at home, Varm, Industry, public place (where?)
18. Funeral director Fales 3 Sittle	Meane of Injury Injured at work?
Address Myersnille, Mid.	15 Hack 200
Mich of Sel Watth	23. SIGNATURE M. D. or othe
19. (Date rec'd by registrer)	Address Act 16-48



# VS A15

PLEASE

19. (Date ree'd by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03857

			CERTIFICAT	TE OF DEATH	Reg	Diat. No.	ΣL
How long in above place Hospital, institution, or	ederick-Foutside eity or town I of death?street address where acy Hospi	death occurre	d:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick  Adamstown  (If outside city or town limits, write RURAL and give nearest town)  Street No			
3. (a) FULL NAM		CHAN H	ERBERT EDWARDS	3. (b) Social Security Number None			
4. Sex M	5. Color or race	6.(a)Sing	le, <del>married, widowed, or divorced</del>	MEDICAL 20. DATE OF DEATH APril			10:45P
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	, April	6.0	c) It alive, give ageyears	21. I CERTIFY that death occurred on the date  and that I last saw h.JMalive on	19 48 10 Jul 17	April	17 19 48 19 4 5
79	O O O O O O O O O O O O O O O O O O O	county, and	doun-Virginia	Carcinoma, Sts.			14 Par
tB. Usual occupation  11. Industry or busines  12. Name. MOI  13. Birthplace	timer Ed	lwards	Vi nei ni a	Due to			
t4. Malden name.	Sarah Ar Lovettsvi	n Bes	Virginia mer Virginia	(Include pregnancy within 8 months of death)  Major fiudiogs of operations			
Address Fre	ederick,	Md	Rural 4/20/48	Autopsy results  PHYSICIAN: Please underline the caose to which death shootd be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:			
(Burial, cremation	Union	Cemet	(month) (day) (year)	Accident, suicide, or homicide  Where did injury occur?(City or tow	m) (	County)	(State)
ta. Funeral director	M. R.	Etchi	e, Virginia son and Son	Injured at home, tarm, industry, public place Means of injury		ured at work?	
Address	Freder	rick,	Maryland	23 SIGNATURE Bernard	Henry	ash.	M. D.

Registrar Address Frederick, Maryland

APR 21 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

03858

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		å	CERTIFIC	CATE OF DEATH	Reg. Diat. No.	131			
How long in above place Hospital, inslitution, cal East	adoni olz	death occurred: nt Stree	AL and give nearest town)	(For newborn infants give res Slate. Maryland Cily or term Frederic (If outside city or t Street No. 21 East A	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland Frederick  City or term (If outside city or town limits, write RURAL and give nearest town)  Street No. 21 East All Saint Street  None (If rural, give LOCATION)				
3. (a) FULL NAM		HENRY EI	NGELBRECHT		3. (b) Social Securit 714-05-67				
4. Sex M	5. Color or race	1	orried, w <del>idowed, or divorced</del>		cal CERTIFICATION ril 8th, 18 48	3 , 7 P			
7. Birth date of deceased (mo., day  8. AGE: Yea  5. Birthplace	March Months O O O O O O O O O O O O O O O O O O O	6,(c) H 26, 189  Oays  12  Marylar  , county, and atate	alive, give age	and that f last saw h	april ?  april ?  seleosis	DURATION 4 hus.			
11. Industry or busine  12. Name		ngelbrec ck Count de Dever	ht y Maryland	Major findings of operations	within 3 months of death)				
16. Informant	rs. Marga E. All Sa 1 Mount Freder M. R.	Olivet Cick, Ma Etchiso	on and Son aryland	Aatopsy results	ause to which death should he charge external causes, fill in the following;	(State)  M. D.			

BINDING FOR MARGIN RESERVED

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

rrect

WRITE PLAINLY, is especially

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APR 13 1948
- BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03859

### CERTIFICATE OF DEATH

Reg. Diat. No. ...

County	State County Cou
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, without, or divorced  W Married  6.(b) Name of husband or with Married  Engle	MEDICAL CERTIFICATION  2D. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) Dec. 23 /880  8. AGE: Years Months Days if less than one day	and that I last saw h LY alive on Opil 1948  Immediais cause of death Our array occurry
9. Birthplace Frederick Co. (Town, eounty, and state)	Due to Andria Policy
11. Industry or business  12. Name Solomon P. Kelney  13. Birthplace Frederick Co	Due 10
14. Maiden name Mary Jane Beard  15. Birthplace Frederick Co.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mr. James E. Engle Address Union Bridge Md.	Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Burial Date thereol Opil 21 1948 (Burial, Cremetion, er remark, Whitche)	22. VIOLENCE: Il death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cometery or eventury Of Ockey Hell Location M. Woodsboro	Where did Injury occur?
18. Funeral director. L. Barton	Means of Injury Injured at work?
Address Walkerselle, md.  19. 21-april 1948 Elizabetti S. Hech.  (Date ree'd by kegistrar)	23. SIGNATURE



PLAINLY, is especially

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

03860

Frederick

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

None

### CEDTIFICATE OF DEATH

				CERTIFIC	DATE OF DEATI
1. PLACE OF	DEATH	l: .ck		<b>3.</b>	2. USUAL RESIDENCE
City or town	rede	erick de city or town li	imits, write R	URAL and give nearest town)	State Maryland
Hospital, Institution	n, or stre		death occurred:		Street No.
How long in hospit	al or Inst	lituilon?		***************************************	2.(a) It veteran, name war
3. (a) FULL N		JOHN RAD	CLIFFE	E/ELL	
4. Sex		Color or race		, married, widewed, or divorced	N
Male		White	1	arried	20. DATE DF DEATH
				Grove Ewell	
7. Birth date of		Manah		) If alive, give age	years and that I last saw h
deceased (mo., o		Months		If less than one day	Immediate cause of death
	58	1	12	hrs.	min. Carcinguna
9. Birthplace	Bali	timore, l	Karylan	d tate)	
11. Industry or bu	siness	Petrole	ım Indu	stry	
当 12. Name	Thon	nas Jeff	erson I	well d	Dther conditions
14. Maiden n	ame	lary E.	Robinso	n , Md.	Major findings of operations
				1	Antopsy results
		oana, Mar	-		22. VIOLENCE: If death wa
		On J. Will		of April 21, 191 (month) (day) (year es Crematory	
				Son	
	tor		ick, Ma		
Address	. 0		01		23. SIGNATURE
19. 20 0	bul	19.14.8	2	ralite & Her	ristrar Address Areas

	3. (b) Social Security No	amber
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH. April 1	9th 19 48 ,	8:30 P
21. I CERTIFY that death occurred on the date above	stated; that hattended, decease	ed from
and that I last saw h	18 10 / Just 19	19. 48
and that I last saw halive on	hrs. 19	19X
Immediate cause of death		DURATION
Corcinena Stema	345	***************************************
Due to		***************************************
		********************
Due to		•••••
	7	
Dther conditions		
(Include pregnancy within 3 mo	onths of death)	
Major findings of operations		
***************************************	Date of op	*
Antopsy results	ch death should be charged sta	tistically.
22. VIOLENCE: If death was due to external cause	es, fill in the following;	
Accident, suicide, or homicide	Oate of	
Where did injury occur?(City or town)		State)
Injured at home, farm, Industry, public place (whe	re?)	
Meens of Injury	injured at work?	
Reruged	Hymash.	JUN
23. SIGNATURE Perusid Address Aredenil, M.	M. D. or	1   10
Address.	Date signed. 7	1

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APR 21 1948

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03861

### CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLACE OF DEATH: Frederick	2.	USUAL RESIDENCE (HO	sidence of mother)	at ale
Frederick		State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nes	rest town)	Jefferso	n	
w long in above place of death?		(If outside city or t	town limits, write RURAL an	d give nearest town)
espital, institution, or street address where death occurred: Frederick Memorial Hospital	Str	reet No		
1 Waalr		NO.	rural, give LOCATION)	
w long in nospital or institution:	2.0	(a) If veteran, name war		
(a) FULL NAME	•		3. (b) Social S	Security Number
SUSAN OCTAVIA FRY			None	
Set 5. Color or race 6.(a) Single, married, widowed, or	divorced	MEDIC	CAL CERTIFICATI	ON
F W M		\ n	nil 11+h	19 6.151
	20.	DATE OF DEATH.	ril 11th,	19 TO at O TOR
(b) Name of husband or wife W. Frank Fry	21.	. I CERTIEY that death occurred on		
E (e) If allva give age	69	cyru 4	19.48, 10. Ceg	19 48
October 25, 1878	and	d that I last law hallalive on	coup 10	19.4-8.
deceased (mo., day, yr.)	Im	mediate cause of death		DURATION
. AGE: Years Months Days It less than one d	ау	Teremin X	Vorence	5 Day
69 5 16hrs.	mln.	Hypothensive	Carder Vaseular	Vicease
Lovettsville-Loudoun-Vir  Birlhplace (Town, county, and state)  At Home  Output  Outpu	ginia Du	e to	Prumm	ia 7 Try
1. Industry or business				
12. Name John Souder	Date	ner conditions attaw.	selvaris	
13. Birthplace Loudoun County Virgini	.a	December 1	d	***************************************
Flizebeth Tomas		(Include pregnancy	within 3 months of death)	
14. Maiden name ELLIZADOUT DAMES	Ma	ijor findings of operations		
15. Birthplace Loudoun County Virgini	.a	7		0 D
14. Malden name Elizabeth James 15. Birthplace Loudoun County Virgini 6. Informant W. Frank Fry		topsy results	01	170
	PH	IYSICIAN: Please underline the		e charged statistically.
Address Jefferson, Maryland	/40 22	VIOLENCE: If death was due for	external causes, fill in the follow	ing;
Burial Date thereof 4/13/	48	cident, suicide, or homicide		e of
(Burial, committee, or removal, Which?)				
Cometery or exemetery Reformed Cemetery	Wh	nere did Injury occur?(City	or town) (County	) (State)
Jefferson, Maryland	L Inj	ured at home, farm, Industry, public	c place (where?)	
M. R. Etchison and	Son	enne of Injury	Injured at	work?
8. Funeral director			900 11 1	/ .
Address Frederick, Maryland		(0.0	- bellett	Druke D.
120mil ( CO. 1) Att le	1 23	. SIGNATURE		M. D. or other
(Date rec'd by registror)	· Il war.	Jefferson,	Maryland	ta signed 4-12-48



PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Fixed served to	- \
City or town I to desire eity or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Fredenick Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Farmie May Gendrien	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Simple	20. DATE OF DEATH. A PY . 21 8 4 Z PA M
6.(b) Name of husband or wife	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
	april 21 1948 10 apr 27 1948
7. Birth date of deceased (mo., day, yr.)	and that I st saw held alive on Ope 27 1948
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
84- 10 10hrsmin.	Cardin-Renal Masculan disease 10 days
[24.115.1 PO.]	
9. Birthplace	Due to
10. Usual occupation OU Se Maeper	B o f
11. Industry or business	Due 10
	Other conditions
12. Name John Gard Tell  13. Birthplace Middletown Md.	
# 14. Maiden name Sugar Beakenbauch	(Include pregnancy within 3 months of death)
	Major findings of operations
2 15. Birthplace Middletown, Md.	Date of op
16. Informant MILZ RILENOUS	Autopsy resolts
Address Middletown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bussal Date thereof 4-30-48	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which;) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exematory	Where did Indury Occur? (City or town) (County) (State)
Location Made 18 towns Ma.	Injuryd at home, farm, Industry, public place (where?)
18. Funeral director Collection Collection Collection	Means of Injury Injured at work?
Million Mid	() = 1/2 b mi
Address CO: A CO:	23. SIGNATURE M. D. or other
1930 Upul 1948 Elizabelle 9. Tech	Address M. D. Dutown Bate stand 4428-48

House Toldies istage of low wolf down back rambiad part airent is algues show storing Ford Charal Litt. J. L. Wartstelling 

C. D. M. Millen

### MARYLAND STATE DEPARTMENT OF HEALTH

	E OF DEATH Reg. Diat. No. 13
1. PLACE OF DEATH:  County Frederick  City or team Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? About 30 years  Hospital, institution, or street address where death occurred:  17 West Third Street  How long in hospital or lastitulion?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Mary Land County Frederick  City or town: Frederick  (If outside city or town limits, write RURAL and give nearest town)  Street No. 17 West Third Street  (If rural, give LOCATION)  None
3.(a) FULL NAME MINNIE A. GEISER	3. (b) Social Security Number None
4. Sex   S. Color or race   6.(a) Single, married, wildowed, or directed  Female   White   Wildowed	MEDICAL CERTIFICATION  2D. DATE DF DEATH. April 4th 19 48 at 10
6.(b) Name of husband or wife: Curtis Geiser  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) January 28, 1870  8. AGE: Years Months Days If less than one day  78 2 7 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1st, 19.48, to April 4th, 1 and that I last saw h.C. allve on April 4th, 1 Immediate cause of death Chronic myocarditis

McKnightstown, Pa.
(Town, county, and state) 9. Birthplace.. Retired Housewife

11. Industry or business

12 Name Ezra B. McLoughlin Ireland t3. Birthplace

14. Maiden name Elizabeth Homer 14. Maiden nai

McKnightstown, Pa.

Miss Hazel M. Geiser 16. Informant.

W. 3rd St., Frederick, Md. Address Burial

Date thereof April 6, 1948 (month) (day) (year) (Burial, cramation, or removal, Whichi) Mount Olivet Cemetery Cemetery or erematory.

Frederick, Maryland C. E. Cline & Son

18. Funeral director ... Frederick, . Maryland Address

(Date rechi by registrar)

		ione	
MEDICAL C			
2D. DATE DF DEATH. April	4th	19 48	ACO: 01 ts
21. I CERTIFY that death occurred on the date ab March 1st. 19.	48 to A	pril 4	1th, 19 48
and that I last saw h.C.Tallve on	April	4th,	19.48
Immediate cause of death	is		Several Honths
Pue to Cardiovascular ease with gene Due to degeneration of years.	ral se	nile period	
Dther conditions			
(Include pregnancy within 3	months of deat	h)	
Major findings of operations.  Autopsy results	£a	te of op	
22. VIOLENCE: If death was due to external ca			
Accident, suicide, or homicide	****************	Date of	***************************************
Where did injury occur?(City or town)	(Ce	ognty)	(State)
Injured at home, farm, Industry, public place (v	where?)		
Means of Injury	Inlus	ed at work?	

The correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

especially important.

PLAINLY, is especially

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

RECEIVED

APR 7 1948

BUREAU V. S.

BINDING

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ply every item of information carefully write the causes of death clearly and PLAINLY, WITH UNFADING INI is especially important. Physicians:

ASE

USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  the Maryland County Balti or of town Baltimore (If outside city or town limits, write RURAL reet No. 227 Scott St. (If rural, give LOCATION)  (a) If veteran, name war.
MEDICAL CERTIFICAT
DATE OF DEATH April 5,
.I CERTIFY that death occurred on the date above stated; that I a May 5,
Pulmonary Tuberculosis
e to
ATSICIAN: Please underline the cause to which death should to VIOLENCE: It death was due to external causes, fill in the fol acident, suicide, or homicide
d d hande

State Maryland county Baltimore City		
City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Street No. 227 Scott St. (If rural, give LOCATION)		
2.(a) If veteran, name war.		
3. (b) Social Security Number		
MEDICAL CERTIFICATION		
20. DATE OF DEATH. April 5, 19 48 at 2:50P M		
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5, 19.47 to April 5 19.48		
and that I last saw h. im. alive on April 5. 19.48.		
Pulmonary Tuberculosis 17 mos.		
Due to		
Due to		
Other conditions		
(Include pregnancy within 3 months of death)		
Major findings of operations		
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
22. VIOLENCE: It death was due to external causes, fill in the following:		
Accident, suicide, or homicide		
Where did injury occur?		
Injured at home, farm, Industry, public place (where?)		
Meens of Injury Injured at work?		
23. SIGNATURE P. W. Breens		
AddressState Sanatorium, Md. Date signed 4/5/48		



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

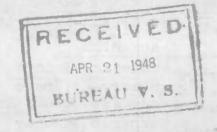
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131

CERTIFIC	CATE OF DEATH Reg. Diat. No. 131		
1. PLACE OF DEATH: County Frederick City or town Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 Years Hospital, institution, or street address where death occurred: 220 Dill Avenue How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Stale Maryland County Frederick  City or term Erederick Avenue (If outside city or town limits, write RURAL and give nearest town)  Street No. 220 Dill Avenue  (If rural, give LOCATION)  None  2.(a) If veteran, name war.		
3. (a) FULL NAME  JOHN RANDOLPH GROVE	3. (b) Social Security Number 214-10-3468		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M M	MEDICAL CERTIFICATION  April 18th 19 48 P		
6.(b) Name of husband or wife Lettye Doty  6.(c) If alive, give age 66  7. Birih date of deceased (mo., day, yr.)  August 31, 1876	20, DATE OF DEATH.  21. I EMIF that death occurred on the date above stated; that Dat inded date ased from Sight and that I less saw half allive on 19.4.8  Immediate cause of death.  OURATION		
8. AGE: Years   Months   Days   If less than one day   17	min. Lounas Mambaria		
S. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business Frederick Iron & Steel Co			
Margaret Mahoney  14. Malden name Margaret Mahoney  15. Birthplace Frederick County Maryland  16. Intermant Mrs. Lettye D. Grove  Address 220 Dill Ave., Frederick, Md.	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial  (Burial, crometion, or removal, Which:)  Cemetery or crometery  Location  M. R. Etchison and Son	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Address Frederick, Maryland  19 19 april 1948 Elizabeth & Hech	23. SIGNATURE M. D.  Prederick, Naryland Date signed 4-19-48		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst is especially important. Physicians: please write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Keg. Dist. No.
1. PLACE OF DEATH:  County F'rederick  City or town. State Sana to rium, Maryland  (If outside city or town limits, write KURAL and give nearest town)  How long in above place of death? Since 4/14/48  Hospital, Institution, or street address whera death occurred:  Maryland Tuberculosis Sana to rium  How long in hospital or institution? Since 4/14/48	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Frederick  City or town Frederick  (If outside city or town limits, write RURAL and give nearest town)  Rt. 5  (If rural, give LOCATION)  2.(a) If vateran, nama war.
3.(a) FULL NAME Inez J. Hallar	3. (b) Social Security Number None
4. Sai   5. Color or race   6.(c) Singla, marriad, widowed, or divorcad   Female   White   Married	MEDICAL CERTIFICATION  20. DATE DF DEATH APRIL 17  19.48 ,10:45A
6.(b) Name of husband XXIX. Preston Hallar  6.(c) If aliva, give aga 49 years  7. Birth dafe of July 3, 1897	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from April 14 19 48 April 17 19 48 and that I last saw her alive on April 17 19 48
8. AGE: Yaars Months Days If less than one day 50 9 14 hrs. min.  9. Sirthplace (Town, county, and state)	Immediate cause of death Pulmonary Tuberculosis  Duration  Duration  Duration
1D. Usual occupation Housewife  11. Industry or business  12. Name Ed Stoneburner  13. Birthplaca Roseville, Ohio	Due to
14. Maidan name Rose Smith 15. Birthplace Roseville, Ohio 16. Informant Preston Hallar (Husband)	(Include pregnancy within 3 months of death)  Major fiadiags of operations
Address Rt. 5. Frederick, Maryland  17. Butial (Burial, cremation, or removal, Which?)  Cemetery or crematory Mt. Olivet Cemp.  Location Jackseick, Ma.	-22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director C. 1. E. Clinia & Sour  Addrass Frederick, Md.  19. Apr. 17 (Date ree'd by registrar)  19. 48 Registrar	Msans of Injury  Injured at work?  23. SIGNATURE  M. D. Ar Scheek  Address State Sanatorium, Md. Date signed 4/17/48

# RECEIVED

APR 19 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No. 131

		CERTIFICA	Reg. Diat. No. 101
1. PLACE OF DEAT County Freder Fred City or town. Fred City out the How long in above place of Hospital, institution, or st Near Roc Mow long in hospital or in 3. (a) FULL NAME	erick-Riside city or town linde city or town linde death? Il reet address where (ky Spring stitution?	igs	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland  State Frederick—Rural R. F. D. #5  (If outside city or town limits, write RURAL and give nearest town)  Near Rocky Springs  (If rural, give LOCATION)  None  3. (b) Social Security Number  213-16-1422
4. Sex	5. Color or race	6.(a)Single, married, widowed, or diversed	MEDICAL CERTIFICATION
F	W	M	20. DATE DF DEATH April 18th 1848 , 4:45P
6.(b) Name of husband or	Foste	er E. Hanshew	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)	210111	6.(e) If alive, give age 39 year	and that I last saw h alive on Annual S 19 4 DURATION
8. AGE: Years	Months	Days If tess than one day	Carrino elou
11. Industry or business  12. Name HOW  13. Birthplace Fr	At Home	tner County:Maryland	Due to  Due to  Dither conditions  (Include pregnancy within 3 months of death)  Major fieldings of operations
15. Birthplace Wa	shington	n County Maryland	Date of op.
Address R. F	D. #5	, Frederick, Md.	Actopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
		ick, Maryland	tnjured at home, farm, Industry, public place (where?)
Address	Frederi	ck, Maryland Clinality Hesh. Registre	Means of Injury  Injured at work?  23. SIGNATURE.  M. D. or other  Address Frederick, Maryland Date signed 4-19-48

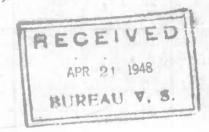
MARGIN RESERVED FOR BINDING

correct age

information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

VS A15 9.45-15M
PLEASE WRITE PLAINLY, is especially



Address Frederick, Maryland Bate signed 4-2-48

### 40

### ATT IN CHARGE SE, DANIES

CERTIFICATE OF DEATH Reg. Dist. No. 131 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother County Frederick Maryland Frederick City or two Frederick
(If outside city or town limits, write RURAL and give nearest town) City or in Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... 408 North Bentz Street Hospital, Institution, or street address where death occurred: 408 North Bentz Street (If rural, give LOCATION) None How long in hospital or institution? 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number GUY WILLIAM HIMES 212-14-6102 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION About 12 M April 2, 1948 Midnight Nannie Crutchley 37 April 2nd. and that I last saw im DEAD September 9, 1904 deceased (mo., day, yr.) Immediate cause of death. If less than one day 8. AGE: 23 43 Frederick County Maryland (Town, county, and state) Church Sexton 10. Usual occupation... 11. Industry or business 12. Name Daniel Himes 3 13 Birtholace Frederick County Maryland (Include pregnancy within 3 months of death) 14. Malden name. Minnie Metz Major findings of operations. 15. Birtholace Washington County Maryland 16. Informant Mrs. Guy W. Himes PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 408 N. Bentz St., Frederick, Md. 22. VIOLENCE: If death was due to external causes, fill in the tollowing: Date thereof 4/5/48 " Burial Accident, suicide, or homicide..... Where did injury occur? .....(City or town) Cemetery or exemetery Mount Olivet Cemetery Frederick, Maryland Injured at home, farm, Industry, public place (where?) ...... M. R. Etchison and Son P.w. Bau Examiner Frederick, Maryland

information of death clea BINDING MARGIN RESERVED

S A15 9,45-15M

(Date read by registrar)

RECEIVED

APR 5 1948

RUPEAU V. S

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County - x = d = 7.0	(For newhorn infants give residence of mother)  State County Fred County
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Exederice
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 113 A - West 3rd Street
Frederick Memorial Hospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EDWIN ALVIN	Refours
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2 0 200	ahil 22 40 727
make This	20. DATE OF DEATH Offil 23 1948 31 7-A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	apr 22 1948, 10 your 23 1948
7. Birth date of	and that I last saw h 1990 alive on 1990
deceased (mo., day, yr.)  8. AGE: Years Montes Days If less than one day	Immediate cause of death
o. AGE:	
	Trematury 1 day
9. Birthplace F. S. de V. (Q. Town, county, and state)	Due to
VA	
1D. Usual occupation	Due to
11. Industry or business	
= 12. Name Cara and Resauves	Other conditions
3 13. Birthplace Frederick, Md	(Include pregnancy within 3 months of death)
# 14. Maiden name Kathleen Kepler	
14. Maiden name Kathleen Kepler  15. Birthpiace Middletown, Md	Major fiadings of operations
El al Kelawer	
CD 1 L Nu 1	Autopsy results
Address Frederick 1110	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, chambles of represent Which)  (Burial, chambles of represent Which)	Accident, suicide, or homicide
1.11 - 221 40140 4024	
Cemetery or cromatory	Where did injury occur? (City or town) (County) (State)
Location Middle town Ind	Injured at home farm, industry, public place (where?)
18. Funeral director CT Salar CC	Means of Injur€ tnjured at work?
Address Middletown, Mid.	(131/ah no)
00.0	23. SIGNATURE M. D. or other
19. 24 april 1944 Elizabeth J. Hach	Mr. 10 trus
(Date Fec'd by registrar) Registrar	Address Date signed

Jaligard largement danslass BUREAU V. S. hole Mitte 8461 YS A9A BECEINED 8 pp. 1 22 1-19 A bo al develor develor Mary and and bus - 1,45 " = Agest started or by, wastalbh.M billy doington and the second Lake a more to the best of bre stand till me

name Edwin alrin Kefann. Il did but issue burial germit, was sent to me by me sladbell, registra in Middleton.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Address Frederick, Maryland

Date signed 4-19-48

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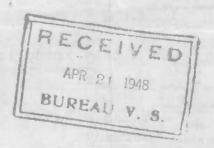
		CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:     Frederick  Cliv or two Frederick  Cliv or two Frederick  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 25 Years  Hospital, institution, or street address where death occurred:  11 East South Street  How long in hospital or institution?			2. USUAL RESIDENCE (HOME) C (For newborn infants give residence of State Maryland Co Frederick (If outside city or town limit Street No. 11 East Sout  (If rural, giv None	mother) Frederick  ta, write RURAL and give nearest town) h Street
3. (a) FULL		BETH KOONTZ		3. (b) Social Security Number
4. Sex	1 5. Color or race	6.(a)Single, marrier, widowed, or divorced		None
F	W	W		ERTIFICATION
			2D. DATE OF DEATH. ADP1	1 18th 19 48 at 4 P
6.(b) Name of hu 7. Birth date of deceased (mo.	Senter	ge T. Koontz  6.(c) It alive, give age year ber 15, 1875	21. I CPR JIFY that death occurred on the date ab  19. and that I last saw h	46 2 Jan 21 5 19.48
8. AGE:	Years Months 7	2 It less than one day	Conclud / Xe	conliged the
9. Birthplace 10. Usual occup	At Home	Frederick-Maryland	Due to	
	Mathias Sa	ger	Diherconditions & Oceaning	- The soul
	Germany		Dihe conditions of the conditi	Robert Promeing P
E 13. Birtilpia	Catheri	ne Fogle	(Include pregnancy within 3	months of death) Verel
H 14. Malden	Frederic	ne Fogle & County Maryland . Koontz, Sr.	Major fiediogs of operations	
16. Informant	W. Russell	Koontz, Sr.	Aotopsy resolts	
Address	Frederick,		PHYSICIAN: Please coderline the cause to w	which death shoold be charged statistically.
17. Burial, ogas	lal Rocky	Date thereof 4/21/48 (month) (day) (year) Hill Cemetery	22. VIOLENCE: It death was due to external ca Accident, suicide, or homicide	Date of
I neation	Wear Woodsb	oro, Maryland	injured at home, farm, industry, public place (	
	M. R. E	tchison and Son	Mesns of Injury	Injured at work?
1B. Funeral dire		ck, Maryland	Ja 100 .	(//) AP D
Address		CD. V va 1 77 V	23. SIGNATURE TEACHER	- Admangara

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly. 9.45-15M VS A15

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Diat.	No.		1	39	)	

			CERTIFICAT	TE OF DEATH	Reg. Diat. No
City or town. Sta. (17 of How long in above place Hospital, institution, or Mary land	Freder te Sanato buteide city or town li of death? Sinc street address where d Tubercu r institution? Since	rium, mits, write R c e 5/2 death occurred	Mary land  URAL and give nearest town)  23/47  Sana to ri um	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mo state Maryland County Baltimore (If outside city or town limits, v. Street No. 737 W. Pratt (If rural, give LC 2.(a) It veteran, name war.	write RURAL and give ne
3. (a) FULL NAM					3. (b) Social Security
	s Kripas	1.0 (-)0'1-			218-14-69
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CER	RTIFICATION
Male	White	Ma	rried	2D. DATE OF DEATH April 29	19.48
6.(b) Name of busband.  7. Birth date of deceased (mo., day, )	Tune 18	6. (c	LS	21. I CERTIFY that death occurred on the date above May 23 19.4  and that I last saw h im alive on Apri	1 29
8. AGE: Years 5		Days	tf less than one dayhrs,min,	Pulmonary Tubercu	losis
11. Industry or busines  12. Name J  13. Birthplace L	Bartende s oseph Kri	er oas	tate)	Due to	
Address 737  17. Burial, cremation Cemetery or cremate Location Location 18. Funeral director Address 703	W. Prett	St., E  Date there  edee  GRAN  Kach	Son) Baltimore, Md. Baltimore, Md.  Baltimore, Md.  (mghth) (day) (year)  Max.  Auskas	Actopsy resolts PHYSICIAN: Please coderline the cause to which 22. VIOLENCE: If death was due to external causes Accident, suicide, or homicide	h death should be charged s, fill in the following:  Date of  (County) e?)  Injured at work?

City or town. Baltimore (If outside city or town I Street No. 737 W. Pra	att St.	
	give LOCATION)	,
2.(a) It veteran, name war		
	3. (b) Social Security 218-14-699	
MEDICAL	CERTIFICATION	
20. DATE OF DEATH April 29	19. 48	19:25
21. I CERTIFY that death occurred oo the dat		
May 23	1947 , Apr. 29	9 48
and that I last saw h imalive onA]	pril 29	1948
Immediate caose of death		DURATION
Pulmonary Tuber	rculosis	3 Yrs
Due to	••••	***************************************
Due to		
	••••	
Other conditions		
(Include pregnancy with	In 2 months of doubh	
Major fiediogs of operations		
Actopsy results	to which death should be charged	statistically.
22. VIOLENCE: If death was due to externa		
Accident, suicide, or homicide		
Where did Injury Occur?(City or to	wn) (County)	(State)
njured at home, tarm, industry, public plac	e (where?)	••••
	Injured at work?	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Date signed....4.1.

		CERTIFICA	TE OF DEATH	Reg. Dist. No. 3
1. PLACE OF DEATH:  County Frederick  City or town   Frederick -			Street No. 112 East Sixth	t mother)  ounty Frederick  ts, write RURAL and give nearest town)  1 Street  6 LOCATION)
ANNA MA	RY LEAS	I.		None
4. Sex   5. Color	or race   E	S.(a)Single, merried, widowed, or divorced	MEDICAL C	ERTIFICATION
Female Wh	ite	Widowed		3rd 19 48 at 10:15
7. Birth date of deceased (mo., day. yr.)  8. AGE: Years Moi 83  9. Birthplace Frederi  10. Usual occupation H  11. Industry or business  12. Name John H  13. Birthplace Frede	une 26, ths  Ck Coun (Town, cour ousewife Hankey	Days If less than one day 28	and that I fast saw h. T. alive on	Jul 2/3 19.45  DURATION  Jule Crus  Column  months of death)
	nown		Major findings of operations.	
	rry M. ick, Mar	Lease rvland	PHYSICIAN: Please underline the canse to w	which death should be charged atatistically.
17. Burial (Burlal, cremation, er remote Location Fr. Location C.	unt Oli ederick E. Clin	Date thereof April 26, 1948 (month) (day) (year) vet Cemetery Maryland ne & Son Maryland	Where did injury occur?	(County) (State)

Address..

RECEIVED

APR 27 1948

BUREAU V. S.

PLEASE-WRITE

NS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9400

03873

## CERTIFICATE OF DEATH

Reg. Dist. No. 13

How long in above Hospital, institution Freder	rederick, Medical control cont	limits, write RURAL and give nearest town)  YS.  death occurred:  1 Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant give residence of mother)  State		
Lingg,	AME H.			3. (0) Social Security	
4 Male	5. Color ourace	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
	•		20, DATE OF DEATH April 2, 194	8 19	. 10/25 P
6,(b) Name of huel  7. Birth date of	band or wife	Rosella Lingg  B.(c)-It alive, give age 52 years	21. I CERTIFY that death occurred on the date abo April I, 19.  and that I last saw h im alive on April 19.	ve stated; that lattended deces 48 to April 2 11 2	ssed from
deceased (mo., t	day, yr.) Years Months	Days It less than one day	Immediate cause of death Acute Co	remary	OURATION
0. 7.02.	63 V6	23hrsmtn.	Intomoesta		
9. Birthplace7	tudine	be my	Due to		
10. Usual occupat	110-	e mason	Que to		
11. Industry or but 12. Name	ruchique	I Lings	Other conditions		
H 14. Maiden n	ame mari	one O Totale	(Include pregnancy within 3 a	***************************************	
16. Informant	has 8	Ring JAMS	Autopsy results.  PHYSICIAN: Please underline the cause to w		
in Bi	vual	Bate thereof (faonth) (day) (year)	Accident, suicide, or homicide		••••••
Cemetery or by	stan	that y cen	Where did injury occur?(City or town)		
Location A	1 ants	on of	Injured at home farm, industry, public place (w		***************************************
18. Funeral direct	or Da Z	arefign ban	Masens of Injury	Injured at work?	ho
Address 10 H QVo	il wax	Shoutto y Hech.	23. SIGNATURE A Suis	ten Jear	or other
(Date reold b	y registrar)	Registrar	Address	Date signed	



WRITE

PLEASE

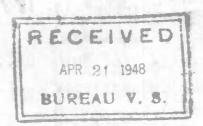
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  county Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Maryland county Frederick		
City or town			
How long in above place of death? 30 years	Cily or fown. Emmitsburg (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. East Main Street		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Bertie Elizabeth Mar  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	tin None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE DE DEATH April 9 19 X8 at 10:30A		
T-GIRALO I			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from		
6.(c) If alive, give ageyears	and that I last saw here are on one of the saw here are on one		
7. Birth date of deceased (mo., day, yr.) November 11, 1880			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
67 4 28hrsmin.	The second secon		
9. Birthplace Harris Sta., Obion Co., Tenn. (Town, county, and state)	Due to		
1D. Usual occupation Housekeeper			
11. Industry or business	Due to		
	Diher conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Addie Ramex  15. Birthplace Palmyra, Tennessee	Major findings of operations		
15. Birthplace Palmyra, Tennessee	Date of op.		
16. Informant B Daved Mort	Autonsy results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Emmitsburg, Maryland	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
Burial Burial Bate thereot April 12,1948 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory. Mountain View Cemetery			
Cemetery or crematory WOULLI DALLII VIOW OULLO DOLLY	Whers did injury occur? (City or town) (County) (State)		
Location Emmatsburg, Maryland	injured at home, tarm, industry, public place (where?)		
18. Funeral director S. A. allison	Means of Injury Injured at work?		
	D. 112. Barre 74. 6.		
110 11011	23. SIGNATURE		
19. april 10 19 48 /11. 19. smiff	Frederick M.D. or other		



1 - 60 00 1

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

### CERTIFICATE OF DEATH

03875
Reg. Dist. No. /34

1. PLACE OF DEATH:  County Frederick  City or town Emmitsburg (If outside city or fown limits, write RURAL and give nearest town)  How long in above place of death? 60 yrs  Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long In hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs.Myrtle C.McGraw	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Remale W married	MEDICAL CERTIFICATION  20. DATE OF DEATH. Opil 16 19 48 21 7:20
6.(b) Name of husband or wite William C.McGraw  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  October 15 19 7 to Opril 16 19 4 8  and that I last saw h 50 alive on April 16 18
deceased (mo., day, yr.)   Jan 31,1878	Immediate cause of death DURATION / DURATION
9. Birthplace	Due to
11. Industry or business    12. Name David Brown   13. Birthplace Md	Dither conditions Ausbert's needlefus ?  (Inclyfe pregnancy within 3 months of death)
14. Malden name Melinda Moser 15. Birthplace Md	Major findings of operations.
16. Informant William C. McGraw Address Emmitsburg, Md.	Autopsy results. And clone PHYSICIAN: Please underline the cause to which death should be charged atatistically.
17. Byrial Date thereof. April 19.1948 (Burini, Gremation, or removal, Which?)  Cemetery or crematory. Mt. View Cemetery.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
taneytown, Md.  18. Funeral director C.O. FUSS & SON  Address Taneytown, Md.  19. Ohail 19. 19. 48 M.F. Shada	Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other  M. D. or other

BINDING

FOR

MARGIN RESERVED



APR 21 1948

BUREAU V. S.

1. PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03876

### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Diat. No. 139

County Frederick :			State Maryland County Allegany		
How long in above pla	or street address where d	orium, Maryland nits, write RURAL and give nearest town) e 5/2/47 eath occurred: ulosis Sana torium e 5/2/47	City or town	arest town)	
3. (a) FULL NA			3. (b) Social Security	Number	
Harr	ison Minni	ck			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	2D. DATE DF DEATH April 2 19 48	5:15P	
			21. I CERTIFY that death occurred on the date above stated; that I attended dece May 2 19.47 to April 2 and that I last saw him alive on April 2	2 19 48	
deceased (mo., da	7. 7. 7.	ber 13, 1892	Immedia: cause of death	DURATION	
Co ARCHIVE	Months 6	Days If less than one day 20hrsmin.	Pulmonary Tuberculosis	16-Mos.	
10. Usual occupatio	Silk-wor	county, and state)	Due 10		
13. Birthplace	Fulton Cou	inty, Pa.	Cardio-vascular failure (Include pregnancy within 3 months of death)	1-Week	
E 15 Bi-dholoso	Fulton (	lounty. Pa.	Major findings of operations		
16. Informant D	eceased	Hand County, Pa.	Autopsy results		
Address 17 Burial (Burial, cremat	len, or removal. Which?)	Bate thoreof	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide		
		list Cem.	Where did injury occur? (City or town) (County)		
Location	nt savag	en Md.	Injured at home, farm, industry, public place (where?)	***************************************	
18. Funeral directo	M. L. Cře	eager & Son	Regule of Injuly		
Address	Thurmont,		23. SIGNATURE R G. Beerin M. D.	XXXXX	
19 April	3 19 48	Registra		4/3/48	

APR 5 1948
BUREÁU V. S.

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

03877

# CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:  County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death decurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County
3. (a) FULL NAME	3. (b) Social Security Number
august monath	
4. Sex  1. Color or race  6. (a) Gingle, married, widewed, or diversed  married  Married  8. (b) Name of Australia  9. A	MEDICAL CERTIFICATION  20. DATE OF DEATH 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
7. Birth date of	abif that I last saw have alive on Afr. 23 1948
deceased (mo., day, yr.) NOV. 20 1864  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
03 - 3	
83 5 3min.	myocardico 2 yrs
9. Birthplace	Due to
10. Usual occupation Pacitics  11. Industry or business  12. Hame Curistian Monatle 22. 13. Birthplace Jermann	Busto. Williams Clerosis Other conditions
14. Malden name Don't Russ	(Include pregnancy within 8 months of death)
15. Birthplace Germany	Major findings of operations.
mara II aci ( Jana 70	Date of op
18. Informant 4	Autopsy results
17. Build Date thereof (point) (day) (year)  Cometery or eremeters. Assay Classes.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Was Liberties towers	injured et home, farm, industry, public place (where?)
4000	Means of injury Injured at work?
18. Funeral director	( Q1 D 12 11 -
Address Walkergrelle	23. SIGNATURE Abra M. Beall, Ulia
19. 2 H Ornil 19. 4K Elizabett 4 Heck (Dato rec'd by gegistrar)  Registrar	Address Date signed 4/30/4

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APR 27 1948

4. 4

BUREAU V. S.

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

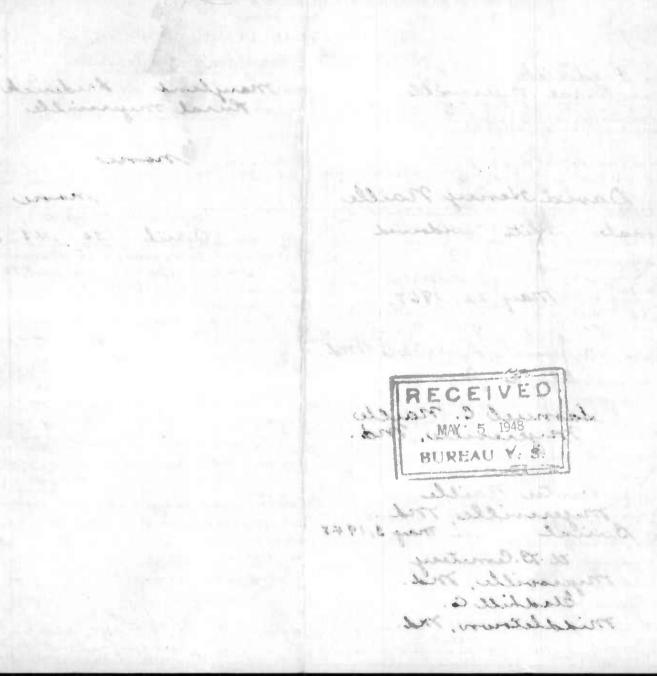
470+

03878

# CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH: County Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Clity or town	State maryland county Brederick
(If outside city or townsmits, write RUKAL and give nearest town)  How long in above place of death?	(If outside city or town limits write RURAL and give nearest town)
Hospital, institution, or streef address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  David Henry Maille  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE DE DEATH Opril 30 19 4 8, 21 7:45 P.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan wen 2019 48 10 Cycel 30 19 48
7. Birth date of deceased (mo., day, yr.) Mary 22, 1867	and that I last saw he for allve on Jan 24 18 x t
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
80 11 8hrsmin.	Bronche genie caremoun 7 mis
9. Birthplace Mysswille Frederick C, M. (Town, county, and state)	Due to
tD. Usual occupation naturals farmers	
tD. Usual occupation	Due to
12. Name Samuel C. Maille	Dther conditions
13. Birthplace Myerwille, Md.	(Include pregnancy within 3 months of death)
14. Maiden name anna shriner	
E t5. Birthplace →	Major findings of operations
16. Informant Lester Maille	Autopsy results.
100 00	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
	22. VIOLENCE: tf death was due to external causes, till in the following:
17. Burial, cremation, or removal, Which?)  Date thereof. (morgh) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 26 . P. Cornetary	Where did Injury occur?
Location Myerwille, me	injured at home, farm, industry, public place (where?)
18. Funeral director Blackill C.	Means of Injury Injured at work?
Address Middletown Mb.	L. R. S. o. 2. 1. 12
= del nu	23. SIGNATURE.  M.D. or other
19 may 9 19 48 Dagar Della	+ w 2 ve /- restern the



the state of

11111

How long in hospital or institution? 3. (a) FULL NAME

Burial

18. Funeral director...

(Burial, cremetion, or removal, Which!)

2411 N. Charles St., Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

OF DEATH		Reg. Diat, No	***************************************
2. USUAL RESIDENCE (	(HOME) OF	DECEASED:	
(For newborn infants a	give residence of m	other)	
State Maryland	Count	, Frederick	<u>C</u>
Frede			
		write RURAL and give ne	arest town)
Street No. 219 Was			
	(If rural, give L	OCATION)	
2.(a) If veteran, name war	NOHO	***************************************	*****************
		3. (b) Social Security	Number
		None	
M	EDICAL CE	RTIFICATION	
20, DATE OF DEATH	April	22nd, 19 48	8:15
21. I CERTIFY that death occurr	red on the date about	stated: that I attended den	fased from
Lan.	1	La abril	2 2 10
1 14.	17	10 11 2	2
and that I last saw h LV a	live on Co	8 1 2	219
and that I last saw h 1 2 a	live on afro	I brombo	2 19 DURATI
and that I last saw h	live on africant of ardia	Prombo	2 19 DURATH 2 4 A
			2 19 DURATH 2 4 L
			2 19 DURATH 2 4 Rs
			2 19 DURATH
Due to E bron			2 19 DURATH 24 R
Due to & Avon	e mys	cardilis	2 19 DURAY 11 2 4 As
Due to & Aron	e mys	cardilis	2 19 DURAYII 2 4 Ks
Due to.	e mys		2 19 200 DURAYII 24 A
Due to	e mys	rardilis nellelus	2 19 DURAYII 24 A
Due to Due to Other conditions (Include pre	biles my	rardilis nellelus	2 19 DURAYII 24 A
Due to	bles my o	cardilis allelus	24 %
Due to Du	bles my o	rardilis nellelus	24 %
Due to	bles m	cardilis mullelius onths of death)	24 %
Due to Du	beles my squaney within 3 mg	cardilis  accluding  onths of death)  Date of op.	24 %
Due to	bules m	carefilis  callefus  onths of death)  Date of op.  ch death should be charged es, fill in the following:	24 %

F Edgar G. Null 68 .6.(c) If alive, give age ... 7. Birth date of April 18, 1883 deceased (mo., day, yr.) If less than one day Years 8. AGE: 65 Frederick County Maryland (Town, county, and state) At Home 10. Usual occupation. 1t. Industry or business William H. Hiltner Frederick County Maryland Adelaide Six 5 15. Birthplace Frederick County Maryland Edgar G. Null Address 19 Washington St., Frederick, Md.

Mount Olivet Cemetery

M. R. Etchison and Son

Frederick, Maryland

Frederick, Maryland

40 years

BESSIE MAY NULL

6.(4) Single, married, widowed, or divorced

Hospital, Institution, or street address where death occurred: 219 Washington Street

5. Color or race

PLAINLY, Is especially PLEASE

item of i

ADING INK. Supply every in Physicians: please write the

important.

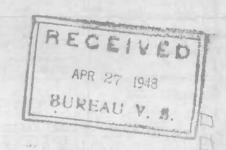
23. SIDNATURE Address Frederick, Maryland Date signed 4-24-48

Injured at work?

M. D. or other

Injured at home, farm, Industry, public place (where?)

Means of Injury



PLEASE

age

# MARYLAND STATE DEPARTMENT OF HEALTH

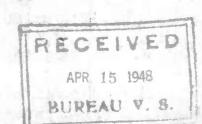
2411 N. Charles St., Baltimore

03880

# CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  Maryland  Couoty. Carroll  City or town. Westminster  (If outside city or town limits, write RURAL and give nearest town)  Street No. 25 Hirsh Aye.  (If rural, give LOCATION)  2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Helen Agnes Otto	
Female White Married	MEDICAL CERTIFICATION  2D. DATE DF DEATH APRIL 13 19 48 10 A
6.(b) Name of husband ***** John E. Otto  6.(c) It alive, give age 34 years  7. 8 irih date of Tables / 3033	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 11 19.47 to Apr. 13 19.48 and that I last saw her alive on April 13 19.48
7. 8 irih date ot   deceased (mo., day, yr.)   July 4, 1913	Immediate cause of death Pulmonary Tuberculosis 12 Mos
9. Birthplace Union Bridge, Md. (Town, county, and state)  1D. Usual occupation Housewife  11. Industry or business  12. Name J. Paul Zugley  13. Birthplace Australia	Due to
14. Maiden name Joanna Ziegler 15. Birthplace Harrisburg, Pa.  16. Intormant Deceased	(Include pregnancy within 3 months of death)  Major findings of operations
Burial Date thereof April 15, 194 (Burial, cremation, or removal, Which?)  Cemetery Kyrkowy Krider's Lutheran  Location Westminster, Maryland  18. Funeral director H. Bankard & Son  Address Westminster, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
19. Apr. 14. 19. 48 OW agy. (Date rec'd by registrar) Registrar	Address State Sanatorium. Md. Date signed 4/14/48



PLEASE WRITE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03881

# CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Frederick	State Maryland County Frederick
City or town	DELINEWICK
How long in above stace of death? 25 YFS.	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 8 East B.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	retty Painter
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
W. Married	2D. DATE DE DEATH SALS 9 195/8 at 9 P
Tames Painter	21. I CEBIHFY that death occurred on the date above stated; that alterned decreased from
6.(b) Name of husband or wife	700, 20
7. Birth dats of S.(c) If alive, give age	and that I last saw h And alive on Colored 9 1954 8
deceased (mo., day, yr.)	Impedial cause of death DURATION
8. AGE: Years Months Days If less than one day	Laccinoma of The 5 mon
41 10 23hrsmin.	
9. Birthplace Sandy Hook, Wash. Co., Md	Due to
(Town, county, and atate)	(
10. Usual occupation	Due to
11. Industry or business	
12. Name James W. Henretty	Dther conditions.
3. Birthplac Shen andoah Jet. W. Va.	(Include pregnancy within 3 months of death)
14. Maiden name Armie Willing ham. 15. Birthplace Shenandeah Sct., W. Va. 16. Informant Species Constitution	
15. Birthplace Shenandoah Jct. W. Va	Major findings of operations.
Do - so Painter	Date of op.
16, Informant & East B St. Brunswick	Autopsy results
AUUTESS	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery of tremptry Edge Hill	Whare did Injury occur?
Charles Town W. Va	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	WHAT.
Address 3 76 W. POTOM & C ST. Dranger	1 House In
4-11 48 8 - min M. B. A.	23. SIGNATURE.  M. D. or other
(Date rec'd by registrar)	hidress Date signed 3/10/40

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APR 13 1948

BUREAU V. S

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

950

03882

# CERTIFICATE OF DEATH

Reg. Diat. No. 131

How long in above pla	erick ederick If outside city or town ace of death?		and give nearest town)	City or deservice (If outside city or town limits 446 West Sout	mother) Frederi	
Freder	or street address when ick Memor Sin lor Institution?	ial Hosp: ce April	ital 4, 1948	(If rural, give		
3. (a) FULL NA		AMBROSE			3. (b) Social Sec 217-16-	
4. Sex	5. Color or race	6.(a)Single, marri	W widowed, or divorced		th, 194	N 18 , 7:10A
6.(b) Name of heata 7. Birth date of deceased (mo., da		1, 1888	re, give ageyears	21. I CERTIFY that death occurred on the date about 19	48 to CET	2 5 19 V
9. Birthplace Pe 10. Usual occupation 11. Industry or busin	Plater on Plater orman Phe	rick-Mar county, and state) s's Helpe Company	r	Due to	Dilital	bu 486.
14. Maiden nar 15. Birthplace	Frederic Mrs. Robe	ck County ort Burkh	er Maryland	(Include pregnancy within 3 a Major findings of operations	Date of op.	••••
Burial, General	Mount Freder	Date thereof	4/7/48  (month) (day) (year) emetery yland and Son	22. VIOLENCE: If death was due to external case Accident, suicide, or homicide	(County)	(State)
19. 7 - apr	il 1948	0.10	ella & Heck.	23. SIGNATURE Frederick, Mary	yland	M. D. or other 4-5-48



APR 9 1948

BUREAU V. S.

FOR BINDING

MARGIN RESERVED

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PLEASE

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

03883

# CERTIFICATE OF DEATH

Diat. No. 14/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
County. The Class Con	
City or town Sumsunck	State Manyland County Hudens
(If outside eity or town limits, write KUKAL and give nearest town)	City or town / Sumowell
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospiral, institution, or street address where death occurred.	Street No.
	(ligraral give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name was
3. (a) FULL NAME Lestie Robert Power	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or giverced	MEDICAL CERTIFICATION
male white married	20, DATE OF BEATH, CAPIL 9 19 48 21 8:50 9
nellie Cane Mc Loughlin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8,(b) Name of husband or wife	april - 4 19 98 10 april 9 19 43
7. Birth date of	and that I last saw h IMM alive on Affail 9 18 4 5
deceased (mo., day, yr.) Arember 7 1892	//
8. AGE: Years   Months   Days   If less than one day	Immediate race of death Ogget Archael Isolate
5-5- 5 2mirsmir	- Juny
1/12/2014	
9. Birthplace	Due to
BINDR Conduction	
1D. Usual occupation.	Due to
11. Industry or business Isanghardaling	_
= 12 Hame Samuel Powers	Other conditions
12. Hame Samuel Powers  13. Birthplace Virginia	
	(Include pregnancy within 3 months of death)
14. Maiden name Sallie Wilkinson  15. Birthplace Vinginia	Major fiediogs of operations
2 15. Birthplace Muyma	
PR Pareson Oct	
16, Informant	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address Summer M.	
17 Burial Bate thereof April 11 1940	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Unona	Where did injury occur?
Morano a. assessta Ca 15a-	Injured at home, farm, Industry, public place (where?)
Location Tal A + D	Means of Injury Injured at work?
18. Funeral director C. N. Feele & 1328	meanic of injury
Address Brunswick Md.	1 Blaboulla
AUUTESS ECHTONOMICS AND ALL	23. SIGNATURE M. D. owether
10 april 9 19 48 Halbrigh N. Brow.	and the state of t
(Date rec'd by registrar) Registra	ar   Address   Dull Mull Date signed 4/9/98

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APR 13 1948

BUREAU V. S.

A. M.

03884

# CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of method)	
County 1-sederses	Joseph Mandeit	
(If outside city or town limits, write RURAL and give nearest town)	State County County	V 4 -1
How long in above place of death? 23 Garaga	(If outside city or town limits, write RURAL and give nearest to	own)
How long in above place of death		
Felderila Messaid Hospital	Street Mo	
How long In hospital or Institution?	2.(a) If veleran, name war	******
3. (a) FULL NAME	3. (b) Social Security Number	er
Soura Vicinia Troctor	Noue.	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F C Wiloud	20. DATE OF DEAT ( 2000 18 1948, at 5	7-50 P
8, (b) Name of husband on the Wellieus H Practor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fr	om uo
	max 19 198 10 apx 18	19.70
7. Birth date of	and that flast saw h. L. T. alive on Optil 141	19.48
deceased (mo., day, yr.)	Immediate cause uf death	DURATION
8. AGE: Years Months Days If less than one day	Orterio Iclerotec	
86 8 29min.	cardio-Vascular renal	
9. Birthplace Dislaces on Md.	Bue to auxouxe	lnk.
(Town, county, and state)		****************
16. Usual occupation.	Due to	
11. Industry or business		
12. Name 13. Birthplace	Other conditions Deoncho preumonea 4	uses
¥ 13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name. Sofiling the strength of the	Major findings of operations	
15. Birthplace	Major hadings of operations	
13. 0 0 0 0 0		
18. Informant	Autopsy results	ically.
Address Dietaerson, V. + W. Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burico Date thereof Uses 21 48	Accident, suicide, or homicide	
(Burial, comation, or removal, Whichs) (month) (day) (year)		
Cemetery or bometory. O. T	Where did injury occur?	ite)
Location B chines ville mo.	Injured at home, farm, Industry, public place (where?)	
William B. Holan	Means of Injury Injured at work?	
18. Funeral director	2.221	
Address Danielovillo, mo.	23. SIGNATURE PUBLICATION FORTH	•
1019 april 1948 Elizabeth J. Hech.	Woode sulle Add M. D. or oth	119/48
(Date rec'd ty registrar) Registrar	Address Cove Sylle Date signed Date signed	1.

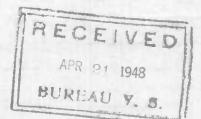
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

# CERTIFICATE OF DEATH

(13885) Reg. Diet. No. 132

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Trederid	State Md. County Frederick
(If outside city or town limits, write RURAL and give nearest town)	City or town Rural Middle tow
How long in above place of death? 6 2 4 10 3 4	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Barton C. Remsburg	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white simple	20. DATE DE DEATH Cycle 23 18 48 at 2 7
S.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and Dund 33 40
7. Birth date of deceased (mo., day, yr.) 1886	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
61 8 2 %min.	
Da 111 T 1 110 De 1	
9. Birthplace	Due to
10. Usuai occupation. Farm Laboreli	
11. Industry or business	Due to
	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Oliva Charlto	Mejor findings of operations.
2 15 Birthpiace de flersom, Md.	Date of op.
18 Informant Emory Rems burg	Actorsy resolts.
	PHYSICIAN: Pleese underline the cause to which deeth should be cherged statisticelly.
Address Lotterson, Med.	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremstion, or removal, Which?)  Date thereol	Accident, suicide, or homicide
The Contract of the Contract o	
Cemetery or crematory	Whers did Injury occur? (City or town) (County) (State)
Location (1) deleter + 11/10.	Injured at home, farm, Industry, public place (where?)
18. Funeral director GLS dU CU GO	Means of Injury Injured at work?
Address Middletown, Md.	P. W. Barre
AUDICOS A A A SA	23. SIGNATURE W JOACE M. D. or other
19. april v + 19 A marie Glashell	
(Date reed by registrar) Registrar	Address & Date signed 4.2.3.4

The stand to the Butters O Mariston and the second second second 28.51 -5.8 Lags -LM Der Darthaufell 1 yourded over Little and a second RECEIVED MAN 1948 BUREAU V. S. bry, who had bl. M

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PLEASE WRITE PLAINLY, is especially

(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 490x

Address Frederick, Maryland

(13881)

## CERTIFICATE OF DEATH 1. PLACE OF DEATH: County Frederick 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Frederick Frederick (If outside city or town limita, write RURAL and give nearest town) Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, institution, or street address where death occurred: 505 Magnolia Avenue Frederick Memorial Hospital (If rural, give LOCATION) None How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number None ELSIE J. NULL ROBERTS 6.(a)Single, married, wildowed, or divorced 5. Color or race 4. Sex MEDICAL CERTIFICATION April 2nd, 19 48 , 4:50P James N. Roberts 21. I CERTIFY that death occurred on the date above stated; that I attended decessed from 1978 10 April 2 19 85 7. Birth date of October 1. 1870 deceased (mo., day, yr.) Years It less than one day 8. AGE: Frederick County Maryland (Town, county, and state) At Home 1D. Usuat occupation. 11. Industry or business John J. Null Other conditions 13. Birthplace Frederick County Maryland (Include pregnancy within 3 months of death) Elizabeth E. Taylor 15. Birtholace Frederick County Maryland W. Maurice Roberts PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 505 Magnolia Ave., Frederick, Md " Burial 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, sulcide, or homicide..... (Burist, cremetion, or removel, Which?) Where did injury occur? .....(City or town) Mount Olivet Cemetery Cemetery or exemetory .... Frederick, Maryland Injured at home, farm, Industry, public place (where?) ........ M. R. Etchison and Son Means of injury Frederick, Maryland Address M. D. or other

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BUREAU V. S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

End 1

Reg. Diat. No. 139

03887

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland  Couety  City or town. Baltimore  (If outside city or town limits, write RURAL and give nearest town)  Street No. 1212 W. Fayette St.  (If rural, give LOCATION)  2.(a) If veteran, name war.
William Shea	214-16-6557
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Separated	20. DATE OF DEATH April 5 19.48 all:55Pm
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that t attended deceased from August 28 19.47 to April 5 19.48 and that I last saw h im alive on April 5 19.48
deceased (mo., day, yr.) Augus ( 10, 109)  8. AGE: Years   Months   Days   If less than one day	Pulmonary Tuberculosis 20 Mos.
52 7 18hrsmln.	ruimonary rubercurosis
9. Birthplace Baltimore (Town, county, and state)  10. Usual occupation Spot Welder  11. industry or business	Due to.
到 12. Name William E. Shea	Other conditions
13. Birthplace Easton, Maryland	(Include pregnancy within 3 months of death)
Hat Maiden name Mary Hogan	
15. Birthplace Easton, Maryland	Major fiediogs of operations
16. Informant Deceased	Autopsy results
Address  17. Burial Date thereof Apr. 8, 1948 (month) (day) (year)  Cemetery or crematory Woodlawu Cem  Location Baltimore, Ma	22. VtOLENCE: if death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director, M. L. Creager & Son	Means of Injury Injured at work?
Address Thurmont, Maryland	23. SIDNATURE. R. W. Ballis. M. D. XXXXXX
19. April 6 1948 LA Registrer	Address State Sanatorium, Md. Date signed 4/6/48



MARGIN

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies St., Baltimore

03888

# CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	
comment he delect - kurul	State Raufaal County Fledereck
(If outside city or town limits, write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Sireel No. Karste #
	(IT FUFAI, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
( John Scall Sinface	
4. Sex/ 5. Color or race 8.(a) Single, interried, wildwied, and directed	MEDICAL CERTIFICATION
Thale white widowed	20, DATE OF DEATH Topsel 4 19 4 2 11 P
a Stant	21, I CERTIFY that death occurred on the date above stated; that I allended deceased from
6.(b) Name of bushand or wife	Filmery 23 1848, 10 thpril 4 19.48
7. Birth date of deceased (mo., day, yr.) YRARP 1.5- 1852	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
O. Auc.	Arterio - Sclerotic Cardio - Vascular visase 10 year
96 20min.	
9. Birthplace Juliani (Town, county, and state)	Oue to
(Town, county, and state)	
10. Usual occupation and and and and and and and and and an	Que to
11. Industry or business C a D . Camal	
	Miles and Mare
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name Sarah Walferry	Major findings of operations.
15. Birthplace many learned	
2. OP/611 h	Oate of op
16. Informant	Autopsy results
Address Knowlell, many level,	
B : 10 8 1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemplary	Where did injury occur?
Centerery of Canal	
Location Location	Injured al home, farm, Industry, public place (where?)
18. Funeral director. CH. tell Tho	Means of Injury Injured at work?
Address Brusmak Monland	Bernard Humany. W.D.
1000 L d. 00. 1. 12 V	23. SIGNATURE M. D. or other
(Date rec'aby registrar) Registrar	Address Dale signed



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (FIGWIE) OF DECEASED: (For newborn infants give residence of mother)		
Frederick - Quality	State Maryland County Frederick		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Lifetime  Hospital Institution, or sirect address where death occurred:	City or town Frederick (If outside city or town limits, write RURAL and give nearest town)  Street No. 229 Center Street		
Emergency Hospital	(If rurel, give LOCATION)		
How long in hospital or institution? 1 Day	2.(a) It veteran, name war None		
3. (a) FULL NAME	3. (b) Social Security Number		
CHARLES EDWARD SMITH	None		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male   White   Widowed	20. DATE DF DEATH April 6th 18 48 21 10:00A 1		
6.(b) Name of husband or wife Nellie J. Biggs Smith	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from		
	1 1 1 10 10 July 6 1 1948		
7. Birth date of deceased (mo., day, yr.) February 10, 1868	and that Last saw h		
8. AGE: Years   Months   Days   It less than one day	Inmediate root of contract Astronomy 41Mm		
80 1 27hrsmin			
9. Birthplace Frederick County, Maryland (Town, county, and state)	Due to Militare 4 June		
10. Usual occupation. Laborer	Myocarditum		
11. Industry or business	Due to.		
	Other conditions.		
12. Name Henry Smith 13. Birthplace Frederick County, Md.			
D. Total State of the Control of the	(Include pregnancy within 3 months of death)		
14. Malden name Susan Smith  15. Birthplace Frederick County, Md.  16. Informant Mr. H. Franklin Smith	Major findings of operations		
El 15. Birthplace Prederick Courty, Md.	- Date of op.		
TO. III Officer	Actorsy results		
Address Frederick, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing:		
Burial Burial (Burial ocamation or removed Whiteh)  (Burial ocamation or removed Whiteh)	Accident, suicide, or homtcide		
(Burial, coamaction, or removed, Whither) (month) (day) (year)  Cemetery or evanuatory. Mount Olivet Cemetery	Where did injury occur?		
- Volucion of Charles of the Charles			
Location Frederick, Maryland	Means of Injury Injury Injured at work?		
18. Funeral director	means of substit		
Address Frederick, Maryland	H. H. Hem		
18. 8 april 1844 Chialithy Hech. (Date rec'll by registrar) (Pate rec'll by registrar)	23. SIGNATURE M. D. or other		
(Date record by registrar) Registrar	Address Date signed		

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APR 9 1948

BUREAU V. S.

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY, is especially

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Dist. No. 140
1. PLACE OF DEATH:  County  City or town.  (If outside eity or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
200 60	H.
4. Sex   5. Color or race   S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ w . Widowed	
O : 10	20. DATE OF DEATH. 18 Sance 19 48 at 11:550
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	rears and that I last saw h. 27 alive on 1.8 April 19.48
deceased (mo., day, yr.) Nee-15 1860	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Congestive cardiec failure 5 mont
87 4 17hrs.	min. O
8. Birthplace Frederick Co	Due to anteriorelantic cardinas culas 15 years
\4	aulare
	Due to
11. Industry or business	
	Uther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Margaret Cashour 15. Birthplace Frederick Co	Major findings of operations
E 15. Birthplace Frederick Co	Date of op.
16. Informant James Seriette	Antopsy results.
Address Woodsboro	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B . a	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)	
Cemetery of comments and comments are comments and commen	Where did injury occur?
Location Mr. Telety town	tnjured at home, farm, industry, public place (where?)
18. Funeral director & C Barton	Means of Injury Injured at work?
Address Uklkessville	5 # 1.0
CON CONT.	23. SIGNATURE M. D. or other
19. # 2   19. # A Course   Registrar)	trar Address Walkerulle Mc Date signed 21 April



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03891

# CERTIFICATE OF DEATH

131

					******************	
1. PLACE OF DEATH: Frederick County Frederick City or town (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick			
			State Wally Land	ounty Prederick		
			City or town Adamstown		-	
How long in above place of (			(If outside elty or town limit	its, write RURAL and give ne	arest town)	
Hospital, Institution, or stre	eet address where	death occurred:	Street No.	Street No.		
LI-edel-Tek	Memor.T	al Hospital	(If rural, give LOCATION)			
How long in hospital or ins	titution? Sln	ce April 7, 1948	2.(a) If veteran, name war None	***************************************	***************************************	
3. (a) FULL NAME				3. (b) Social Security	Number	
	CASPER	FRANKLIN SPRING		J. (b) Docial Decurity	Mamoei	
	Color or race	6.(a)Single, married, widowed, or diversed	MEDICAL C	CERTIFICATION		
M	W	36			4 505	
M	AA	M	2D. DATE DF DEATH APP1 1	11th ,, 48	4:50P	
	Vir	ginia Carnes	21. I CERTIEY that death occurred on the date a	bove stated; that I attended dece	ased from	
			"   Day   O	48,0 Opm	11 1048	
		6.(c) If alive, give age 30 yea	and that I last saw h Amalive on Ca	piel 101.	48	
7. Birth date of deceased (mo., day, yr.)	April	1, 1903		hanning and had a	19	
8. AGE: Years	1 Months	Days   If less than one day	Immediata course of death	N	DUBATION	
45	0	30	Fallows any le	una_	TWO	
			n.			
Tayl	orstown	-Loudoun-Virginia	and acute mus	undeal	2 Hours	
9. Birthplace			Jeig Duras -			
to. Usual occupationWatchman			(07	t dean	3/1-	
		re & Ohio Railroad	Due to.		Jony	
			-	-		
〒     Z. Name	nklin S	### x o o o o o a a a a a a a a a a a a a a	Dther conditions alemany	neva cricans		
Z 13. Birtholace LOT	udoun C	ounty Virginia	thorocoplaste			
			(Include oregnancy within	months of death) ,		
14. Maiden name		-110002	Major findings of operations			
\$ 15. Birthplace Lo	udoun C	ounty Virginia		Date of op.		
Mng	Virgi	Snootz ounty Virginia nia Spring				
16. Informant		#### "AT# ###@	PHYSICIAN: Please coderlice the cause to			
Address Ada	mstown,	Maryland				
Burial		Date thereot. 4/14/48	22. VIOLENCE: It death was due to external c	auses, till in the tollowing;		
(Burial, cometion, or	removal, Which?	Date thereot (month) (day) (year)	Accident, suicide, or homicide	Date ot		
	St Pa	uls Cemetery	Where did Injury occur?(City or town)			
Cemetery or <del>erematory.</del>		· · · · · · · · · · · · · · · · · · ·			(State)	
Location	Point	of Rocks, Maryland	Injured at home, tarm, Industry, public place (	where?)		
M	. R. Et	chison and Son	Means of Injury	Injured at work?		
TB. Funeral director				105.		
Address	rederic	k, Maryland	_ ( d. (/)	Juce	M. D.	
12000.1	)	CD - D AT & 11 0	23. SIGNATURE	M, D,	or other	
19 1 D Upril	N. 19 Y. 81	Elizabeth 7. Tech	Jefferson, Mar		4-12-48	
(Date ree'd by regist	rar)	Registra	Address	Date signed.		



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

(13892 Reg. Dist. No. / 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County FILMOUS ATTERES	State Md. Gouoty Frederick
City or town(If outside city or town limits, write RURAL and give nearest town)	how Market
How long in above place of death? 62. Years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
STEVENS, CLARENCE	220-10-5740
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED WEN	20. DATE OF DEATH 24 aprel 19.48 21 3 - P.
6.(b) Name of husband or wife G PACE GRIMES. STE	21. I CERTIFY that death occurred on We date above stated: that I aftended deceased from
	Weller 19 19 19 19
7. Birth date of C 1 S C 1 C C P	and that I last saw h un give on 24 april 19 48
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	D. A.
62 9 28hrsmin.	Culius (Iclaris /y.(:)
9. Birthpiace New Mark et Frederick Md.	Due to
(Town, county, and atate)	
10. Usual occupation.	Due to
11. Industry or business Weekauc.	
12. Name Theodore A Stevens.  13. Birthplace Frederick lo Md,	Other conditions
	(Include pregnuncy within 3 months of death)
14. Maiden name Elizabeth Dorsey.  15. Birthplace Frederick lo Md.	
15. Birthplace Frederick lo Md.	Major findings of operations.
0 1 0+	Date of op.
16. Informant y oace J. Slevens wife	Autopsy results
Address new market Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial (Burial, occumental, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or cremotory Mount Client Frederick Md	
Cemetery or eremetory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. E. Falconer,	Means of injury Injured at work?
Address New Mark et Md	Charles & willer b. M. a
9 - / /	23. SIGNATURE.
19 april 26 1948 Lucas K. Falcone	F. 101 1 24 Med 4/26/28

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BUREAU V. S.

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	2411	N.	Charles	St.,	Baltimore	,	1	

# CERTIFICATE OF DEATH

The state of the s			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
County Treasurity	mal For land		
(If outside city or town limits, write RURAL and give nearest town)	Can to		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred.	Street No.		
How long In hospital or institution?	(If rural, give LOCATION)  2.(a) It veteran, name war		
3. (a) FULL NAME	3		
namie Staus xtevens	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
I w widowed	20. DATE OF DEATH. Opril 3 1948 21 9:55 A. M		
6, (b) Name of husband or wife James 4. Stevens	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	October 20 1947 to april 3 1948		
7. Birth date of deceased (mo., day, yr.) Nov. 5, 1874	and that I last saw h. Savalive on		
8. AGE: Years   Months   Days   If less than one day	Immediaie cause ol death		
73 4 28hrsmin.	Samue my saraus		
9. Birthplace. Creagesterin	Due to		
(Town county, and state)			
10. Usual occupation	Due to		
11. Industry or business	10:01		
12. Name Eugene D. Stamp	Other conditions Disbertes mellions?		
	(Include pregnancy within 3 months of death)		
14. Malden name Saraly Bell 15. Birthplace Creagerstown district	Major findings of operations. None		
\$ 15. Birthplace Creagerstown destrict			
16. Informant Mr. Daglac L. Stevens	Autopsy results not done		
Address 15th. St. Frederick md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, till in the following;		
(Burial, cremation, or remoyal, Which?)  Date thereof. (month) (day (year)	Accident, suicide, or homicide		
Cemetery or exemptory It Shire Teetherau	Where did Injury occur?		
Location Creagasteriere, md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director 9. 6. Barter	Means of Injury Injured at work?		
Address Walkersville, md.	02 SIGNATURE St. Jambel. Birch Mino		
19 apr. 5 1948 Blanche S. Eyler	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)	Address Almon Md Date signed 4/3/48		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4654

# CEDTIFICATE OF DEATH

7 77 7

CERTIFICAT	E OF DEATH Reg. Dist. No. 131
1. PLACE OF DEATH: County Frederick City or town Frederick — City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Emergency Hospital How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  State  Frederick—Rural  (If outside city or town limits, write RURAL and give nearest town)  Street No.  Montevue  (If rural, give LOCATION)  None
3. (a) FULL NAME  CHARLES ELSWORTH THOMPSON	3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a) Single, married, wildowed, of directed   W	MEDICAL CERTIFICATION  April 19th 1948 4:30A
6.(b) Name of bushend or wife. Margaret Thompson  7. Birth date of deceased (mo., day, yr.) (Unknown) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. 8. to Africa 19. 19. 4.8.  and that I last saw h. Analive on 19. 4.8.  Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Castric Henorrhage 3 lums
Frederick County Maryland  (Town, county, and state)  10. Usual occupation	Due to Caveino ma Stomach Countres
11. Industry or business    Industry or business   12. Name	Dther conditions
14. Malden name Mary (last name unknown)  15. Birthplace Frederick County Maryland	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mrs. Ralph Tilghman Address Frederick, Maryland	Autopsy results
Burial  (Burial, cremation, or semeral, Whiteh)  Cemetery or crematory  Near Urbana, Maryland  Location  Bate thereot. 4/22/48  (month) (day) (year)  (month) (day) (year)  And	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide
M. R. Etchison and Son  Address Frederick, Maryland	Means of Injury  Injured at work?  M. D.  23. SIGNATURE.  M. D. or other
19. 20 Charles 19 48 Charles Hill.  (Date ree'd by registrar)  Registrar	Address Frederick, Maryland Date signed 4-19-48

APR 21 1948

### CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	State Maryland County Frederick
City or town limits, write RURAL and give nearest town)	
How long In above place of death? About 50 lears	-enty or town Rural - Dickerson (If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Frederick Memorial Hospital	Street No.
How long in hospital or institution? 2 Days	(If rural, give LOCATION) NONE  2.(a) If veteran, name war
3.(a) FULL NAME	
WILLIAM HENRY TWITTY	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
Male Colored Single	
Mare coroled officer	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3 Of 2 9 194 8 10 alph of 194 8
7. Birth date of deceased (mo., day, yr.) ? 1873	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
? 75hrsmin.	Con T Day of A
worth Carolina	Due to.
9. Birthplace North Carolina (Town, county, and state)	
10. Usual occupation Laborer	Due to.
11. Industry or business	To mo
12. Name Harvey Twitty 13. Birthplace Unknown	Other conditions
	(Include preynancy within 3 months of death)
14. Maiden name Unknown 15. Birthplace Unknown	
15 Ridhplace Unknown	Major findings of operations.
16. Informant Records at Frederick Memorial Hospit	Date of op.
	Autopsy results
Address Frederick, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereof April 13, 1948 (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or community Forest Grove Cemetery	Where did injury occur?
Location Forest Grove, Maryland	
	Maans of injury Injured at work?
18. Funeral director C. E. Cline & Son	C 0 3 (
Address Frederick, Maryland	- OR SIGNATURE THE STAMPENED
19 1.D. Organil 1948 Elizabeth & Hech. Registrar)	23. SIGNATURE M., D. or other
(Date rec 1 by registrar)	Address Dederill Ma Date staned apr 16-4

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICAT	E OF DEATH Reg. Dist. No.	21
Ounty Trifferick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(If outside city or town limits, write RUKAL and give nearest town)	State	***************************************
iow long in above piace of death?	Oliy-or town	town)
low long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, came war	10 000000000000000000000000000000000000
Leonge Planeuce Warner	3. (b) Social Security Nur	mber
Sex   5. Polor or race   6.(a) STARTE: Married, wildowed, or always of	MEDICAL CERTIFICATION  20. DATE OF DEATH	4:3° M
i,(b) Name of tuestand or wife Mangaret Start	21. I CERTIFY that death occurred on the date above stated; that I attended deceased Office 19 48, to Charl 2	0 19 XX
deceased (mo. day, yr.) Feb. 5, 1875	and that I last saw have alive on Opril 141	DURATION
3. AGE: Years   Months   Days   If less than one day   15  hrsmin.	Heart direct	9 /2
3. Birthplace	Due to.	
10. Usual occupation Parite, Paper hanger	Due to	
11. Industry or business  12. Name David M. Warren  13. Birthplace Frederick, rnd	Other conditions	
14. Malden name Jane E Marts	(Include prognancy within 8 months of death)  Major findings of operations.	
15. Birthplace Trederick and	Autopsy results	••••••
Address 130 North are Hagestern mel-	PHYSICIAN: Please underline the cause to which death should be charged state	istically.
17. (Bullal, crematica, or removal, Whichin)  Date thereof. Date (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	******************************
Cometery mentory cheller 52 afest our	Where did injury occur?	State)
Location Occapient to the State of the State	Means of Injury Injury Injury Injured at work?	100000000000000000000000000000000000000
Address Thursmort	On the state of th	
19. 2   april 19.4% Elizabettely. Hack. (Date rec'd by registrar)	Address Date signed of	

APR 23 1948

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03897

1. PLACE OF DEATH: /	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Lredenick	(For newhorn infants give residence of mother)
	State State Coughy County
(If outside city or town limits, write RURAL and give nearest town)	
low long in above place of death? 10 hoars	(If outside city or town limits, write RVI/AL and give nearest town)
tospital_lostitution, or street address where death occurred:	Streel No. R. LO. # 2
Frederict Menorial HOSPITA	(If rural, give LOCATION)
low long In hospital or Institution? 10 120 U.F.S.	2.(a) If veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Lear Edward Wetzel	NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE DE DEATH PARI 1 12 19.48 21 820
	21 T CERTIEV that death occurred on the date above stated: that I attended deceased from
i,(b) Name of husband or wife	
2. Birth date of	ears O A O
deceased (mo., day, yr.) March 5 - 1992	
B. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
6 1 7hrs	wia Control of the co
	Jelanes
9. Birthplace (Town, county, and state)	Due to.
(Town, county, and state)	1800
D. Usual occupation	Due to.
1. Industry or business	
12 Name Lean Dayetzel	
	Dither conditions
\$ 13. Birthplace Mary Church	(Include pregnancy within 3 months of death)
# 14. Maiden name January Milar Market	Major findings of operations.
15. Birthplace	
- The state of the	
16. Informant for the board of the first of	Autopsy results
Address flux by Bukar K. M. Yud	,
12 11 1 1115 1110	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Butheliash Charleting	Where did Injury occur?
Connectify of General Property of the Connectify of the Connectific of the Connectif	
Location And Light Language of the first that the state of the state o	Injured at home, farm, industry, public place (where?)
18, Funeral director Al W. Herthya Hery	Means of Injury Injured at work?
100000	0000
Address Clay Bridge & Usin Chulken Mi	CA SIGNATURE I MANA
Chil 13 48 Chalitt 4 Hat	M. D. or other
(Pata rec'd by registrar)	rar Address Teller Date signed Q.M. 1.L.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03898

Rev. Diat. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Frederick	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Frederick
How long in above place of death? Lifetime	City or trederick (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death r	Street No. 120 Water Street
Frederick Lemorial Hospital	(If rurel, give LOCATION)
How long in hospital or institution? 1 Day	2.(a) If veteran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
RICHARD FRANKLIN WETZEL	None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male   White   Single	20. DATE OF DEATH April 15th 19 48 ,2:05 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	april 19 19 48 10 april 15 1948
7. 8irth date of	and that I last saw h and alive on agrain
deceased (mo., day, yr.) January 10, 1945  8 AGE- Years   Months   Days   If less than one day	Immediate cause of death
o. Adt.	
3   3   5  min.	Do the cheen danyagent 5 days
9. Birthplace Frederick, Maryland	Due to
(Town, county, and state)	
10. Usual occupation	Due to
tt. Industry or business	
12. Name Sterling J. Wetzel  13. Birthplace Frederick County, Maryland	Other conditions / Morecho - 1 remones 2 days
3 13. Birthplace Frederick County, Maryland	(Include pregnoncy within 3 months of death)
14. Maiden name Mildred Dagent	
Frederick Name	Major fiedings of operations.
14. Maiden name Mildred Dagent 15. Birthplace Frederick, Maryland 16. Informant Mr. Sterling J. Hetzel	Date of op.
16. Informant Mr. Sterling J. Hetzel	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
Address 120 Water St., Frederick, Md.	
Burial Austral april 17 19/18	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof april 17. 19.8. (Burial, compation of removal, Which?)	Accident, suicide, or homicide
Cemelery or cremetery Mount Olivet Cemetery	Where did Injury occur?(City or town) (County) (State)
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)
C. A. Cline & Son	Means of Injury Injured at work?
Address Frederick, Maryland	a a fam. h.D.
1 0 1 1 C 12 1 Am 0 1 1 Am	23. SIGNATURE Mi. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Tulerick hd. Date signed 4/16/4



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	ATE OF DEATH Reg. Dist. No. 1.5
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	state Maryland county Frederick
City or term	Rune 7 Mt Afray
How long in above place of death? Since April 15, 1948	Chy or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
Frederick Memorial Hospital	Street No. R.F.D.#4
How long in hospital or institution? 2 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dora Lotta Woodsen	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or diversed	MEDICAL CERTIFICATION
Female White Married	
	20. DATE OF DEATH APril 17 1948 11:45A
6.(b) Name of husband on the Charles E Woodsen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Type 3 1999	ears and that I last saw h.l. zitve on 17 april 19.48
7. Birth date of	and that I last saw h Lt. stive on 19.46
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	
65 10 16hrs.	nin Fracture Skull 48 hrs.
9. Birthplace Rockbridge Co, Va. (Town, county, and state)	Due to
9. Birthplace(Town, county, and state)	900 100
10. Usual occupation	
	Oue to
11. Industry or business Farm	
E 12. Name James Hicks	Other conditions
13. Birthgiace Rockbridge Co, Va.	· ·
Susan Roberts	(Include pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations
≥ 15. Birthplace Rockbridge Co. Va.	
Susan Roberts  14. Maiden name  15. Birthplace Rockbridge Co. Va.  16. Informant John Woodsen	Autopsy results.
16. Informant ULTI WOODS SI	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Milburn, W.Va.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Remove 1   Note thereof 4/19/1049	000011
17. Romoval Date thereof 4/18/1948 (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory	Where did injury occur? Mr. Mrt. Cury Fred, MA. (City or town) (Connty) (State)
	friend of home form bediever while place (whome?) Farms
Location Montgomery, W. Ve.	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
18 Funeral director M.R.E. chison and Son	Means of Injury Fell from haylest Injured 21 work?
18. Funeral director. M.R.Erchison and Son Frederick, Md.	00 0: 1/0 1 0 2.0
Address	- 23. SIGNATURE Charles X Corleys M-N
"17 april "48 Eliabeth J. Heck	23. SIGNATURE. Dep. meb. Econ Morrother 110
(Date rec'd by registrar) Regist	Tar Address Telesiek nd Date signed 4//7/48.

APR 21 1948

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist, No. 131
1. PLACE OF DEATH: County. Frederick County. Frederick-Rural R. F. D. #4 City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 60 Years Hospital, institution, or street address where death occurred: Near Frederick How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Frederick  County Frederick  City or town (If outside city or town limits, write RURAL and give nearest town)  Near Frederick  (If rursl, give LOCATION)  2.(a) If veteran, name war None
3.(a) FULL NAME CEPHUS HENRY ZIMMERMAN	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or directed W	MEDICAL CERTIFICATION  20. Date of Death April 22nd 19 48 at 6 A
6.(b) Name of hueband or wife  Ella Derr  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  87 4 10 hrs. min.  9. Birthplace (Town, county, and state)  Retired Farmer  10. Usual occupation.  11. Industry or business	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from  19.41 to 41.22 19.45  and that I last saw has alive on 19.42 19.45  Immediate competed death DURATION  Due to 10.
12. Name Peter T. Zimmerman  13. Birthplace Frederick County Maryland	Dther conditions
14. Maiden name. Anna Maria Cronise  15. Birthplace Frederick County Maryland  16. Informant. Curtis T. Zimmerman	(Include pregnancy within 3 months of death)  Major findings of operations
Address 530 Trail Ave., Frederick, Md.  17. Burial  (Burial, exemption, of removal White)  Cemetery or commutator, Mount Olivet Cemetery  Frederick, Maryland  18. Funeral director. M. R. Etchison and Son	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
Address Frederick, Maryland  19.23 april 19.48 Elizabeth J. Hods. Registrar	23. SIGNATURE Thanh H- Negro M. D.  M. D. or other  Address Frederick, Maryland Date signed 4-23-48

APR 24 1948